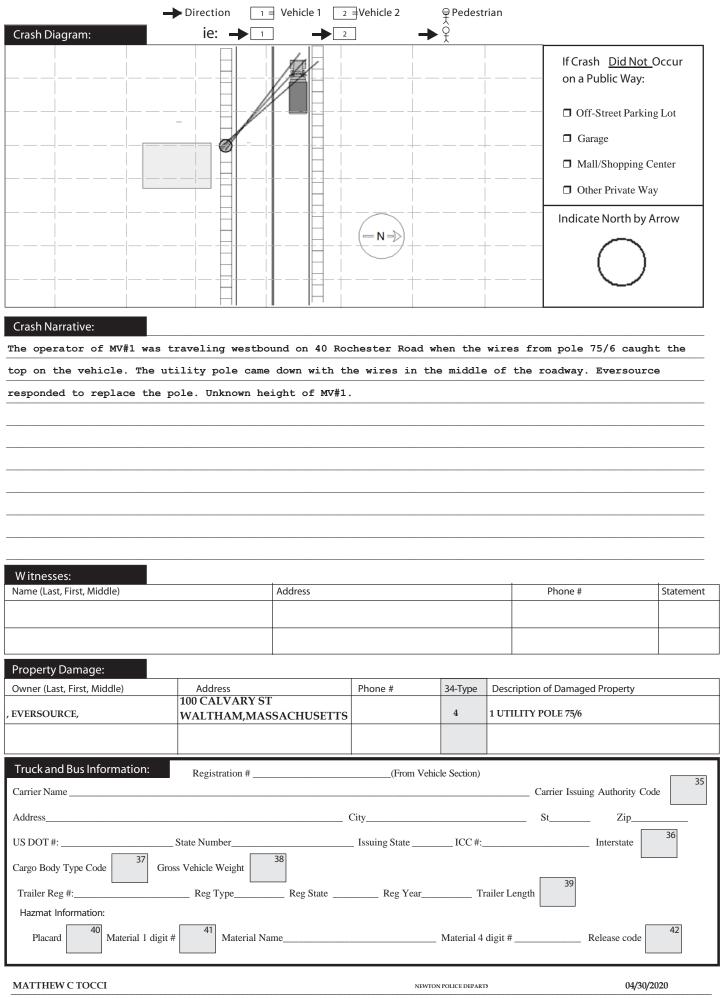
	Police Use Only		onwealth		usetts			Docume	nt Number
- 1	Date of Crash Time of Crash C 04/30/2020 11:44 NEWTO		Motor Ve	hicle Crash			Speed Limit Latitude	20 S	State Police Local Police MBTA Police
	11:44 NEWTON 24HR		Police Report		1 0		Longitude Other:		Other:
	AT INTERSECTION	ON:	< LOCA	ATION >		NOT A	AT INTE	RSECT	TION:
				WEST 4	.0	ROCHEST	ER RD		
	Route# Direction Na	ame of Roadway/Street		Route# Direction A	Address #		Name of R	oadway/Str	reet
\dashv		At		Feet N S	EW of _		_ • 0	or	
	Route# Direction Name of Inte	ersecting Roadway/Stree	et			Mile Mar	_ • o	I	Exit Number
	Also	at Intersection with		Feet N S	E W of	Route#	Intersect	ing Roadwa	av/Street
				Feet N S	E W of	reducii	merseet	ing Roud W	аулыност
_	Route# Direction Name of I	Intersecting Roadway/S	treet		-		Lan	dmark	
	XVehicle1 1_#Occupants Hit	/Run Mope	ed Case Numbe	er	2000000281				
	License #	St RI DOB/Age	Reg	# S20197		Reg Type_	CON	Reg Sta	
	Sex_M Lic. Class B 18 18 Lic. Rest	trictions 1 19 CE	DL Veh	Year_2020 V	eh Make_FOI	RD		Veh Confi	g. 13 20
\neg	Operator ALVAREZ LUIS	A End	dorsment Own	ner WASTE MANAGE					
	Address 36 GLENBRIDGE AVE	st	viludie	ress 100 HILL ST		First		Middle	
		State_RIZip_0		NORTON			State	MA Zin	02766
	Insurance Company ACE	- <u> </u>		icle Action Prior to Cras	h 1 21			-	cle Up to Three)
\dashv	Vehicle Travel Direction: NSEX	Responding to Emer			1	22 2	3	4	
4	Citation # (If Issued)	1 6			23				10 Undercarriage
	Violation 1: Ch Sec Vio	olation 2: Ch Se		er Contributing Code	99 24	24 1	- 9	5	11 Totaled
	Violation 3: ChSec Violation 4: ChSec Underride/Override								
-	Please fill out for operator and all						30 31 Eject Trap 1 Code Code S	32 33 njury Transp	
-	Name (Last First Middle) Operator	1	Address Above	Age/DOB Sex	Pos. System S	tatus Switch		status Code	Medical Facility
	Орегию	Sec	710010		99 4	. 4	0 0	10 1	
-									
	Please Select One of the Following:	ccupants Non-Mo	otorist A Type	14 Action 15 Lo	ocation 10	Conditio	n 17	Hit/R	un Moped
	License#	Reg	Reg #Reg TypeReg State						
	Sex Lic. Class 18 18 Lic. Rest	trictions CE		YearV					20
	Operator	End	dorsment					·	
				ner					
		rst		ner		First		Middle	
	Address		Add	ress			State		
	Address	StateZip	Add	ress	21			Zip	cle Up to Three)
	Address City Insurance Company	StateZip _	Add City Vehi	ressicle Action Prior to Crasi	h 21			Zip	
	Address City Insurance Company Vehicle Travel Direction: NSEW	StateZip	Add City Vehi ergency? Ever	ressicle Action Prior to Crass nt Sequence	h 21	Dan	aged Area	Zip Code: (Circ	cle Up to Three) 10 Undercarriage
	Address City Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued)	StateZip Responding to Eme	Add: City Vehi ergency? Ever	ress icle Action Prior to Cras nt Sequence	h 21 22 22	Dan	aged Area	Zip Code: (Circ	cle Up to Three)
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	Address City Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Violation 1: ChSec V Violation 3: ChSec V	StateZip Responding to Eme (iolation 2: ChS	Add: City Vehi ergency? Ever Moss Sec Driv Sec Und:	ress icle Action Prior to Crasint Sequence	21 22 22 22 23 24 24 25 Towed _	Dan 222 2 2 1 4 8	aged Area	Zipp Code: (Circ	cle Up to Three) 10 Undercarriage 11 Totaled
	Address City Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Violation 1: ChSecV Violation 3: ChSecV Please fill out for operator a Name (Last First Middle)	Responding to Eme Tiolation 2: ChS Tiolation 4: ChS and all occupants inv	Add City Vehi regency? Ever Mos Sec Driv Sec Und olved Address	ress	21 22 22 23 23 24 25 Towed _ 25 Seat & safety A	Dan 222 2 2 1 4 8	aged Area	Zipp Code: (Circ	10 Undercarriage 11 Totaled
	Address City Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Violation 1: ChSec V Violation 3: ChSec V Please fill out for operator a	Responding to Eme Tiolation 2: ChS Tiolation 4: ChS and all occupants inv	Add: City Vehi ergency? Ever Moss Sec Driv Sec Under	ress	21 22 22 23 23 24 25 Towed _ 25 Seat & safety A	Dan 22 24 8 28 28 29 urbag Airbag	aged Area	Zip Code: (Circ 4 5 5 6 6 32 33 33 njury Fransp	10 Undercarriage 11 Totaled
	Address City Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Violation 1: ChSecV Violation 3: ChSecV Please fill out for operator a Name (Last First Middle)	Responding to Eme Tiolation 2: ChS Tiolation 4: ChS and all occupants inv	Add City Vehi regency? Ever Mos Sec Driv Sec Und olved Address	ress	21 22 22 23 23 24 25 Towed _ 25 Seat & safety A	Dan 22 24 8 28 28 29 urbag Airbag	aged Area	Zip Code: (Circ 4 5 5 6 6 32 33 33 njury Fransp	10 Undercarriage 11 Totaled



Police Officer Name (Please Print) ID/Badge# Precinct/Barracks Signature Department Date