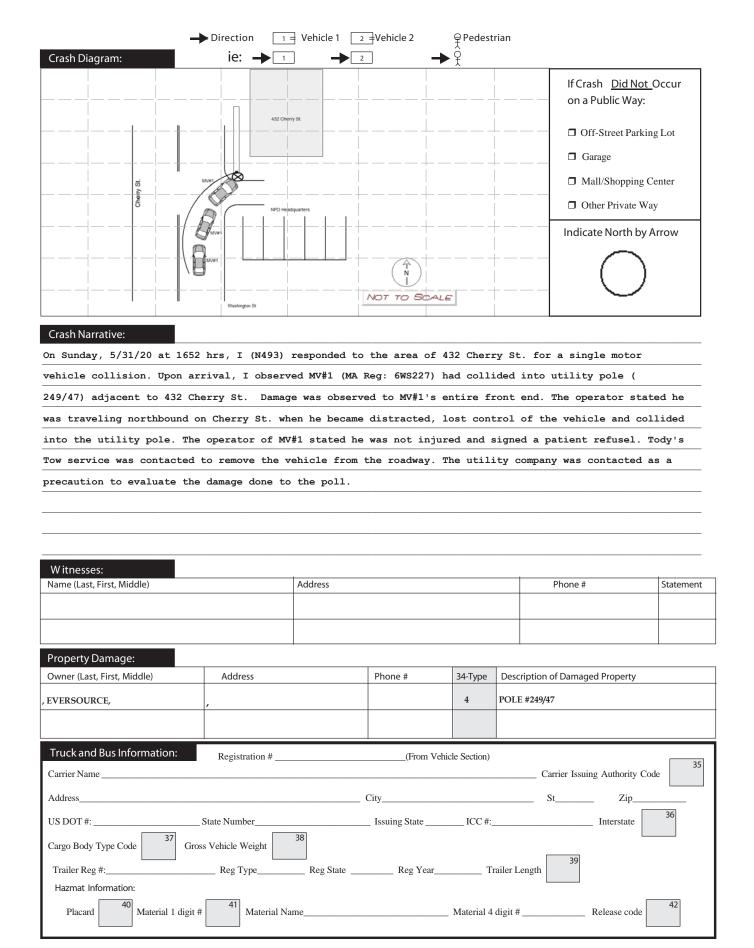
License # — St MA DOB/Age — — Reg # 6WS227 Reg Type PAN Reg State MA  Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Veh Year 2014 Veh Make HYUNDAI Veh Config. 1  Operator DIAZ NICOLAS A Endorsment Address 20 FLOOD ST  City WALTHAM State MA Zip 02453 City State Sta		Poli	ice Use Only		<u>Com</u> monweal	lth o	f Massa	achi	usett	S		RMV	V Docun	nent Number		
AT INTERSECTION:    A			18:52	NEWTON	1410101			sh	Vehicle	es Inju	red La	titude _		State Police Local Police MBTA Police Other:	N N	
Noming   Direction   Name of Readway/Street   All							>	1				-		┪		
Foot   NS   E   V   of   Maile Marker   Pict Number					NORTH 432 CHERRY ST							-2				
Foot   NS   E   V   S   E   V   S   E   V   S   E   V   S   E   E   E   E   E   E   E   E   E	<b>1</b>	Route# Direc	<del>-</del>				Route# Direction Address # Name of Roadwa						Roadway/	Street		
Router   Direction   Name of Intersecting Roadways Street   Feet   N S E   W of   Router   Intersecting Roadways Street   Feet   N S E   W of   Router   Intersecting Roadways Street   I				At		-	Feet NSEW of • or									
Feet   N   S   E   W   of   Intersecting Roadway/Street   Indicate   Intersecting Roadway/Street   Indicate   Intersecting Roadway/Street   Indicate   Intersecting Roadway/Street   Indicate   Indi															-	
License #	2			Also at Intersect	non with					Rou	ite#	Intersec	ting Road	dway/Street	-  -	
Address   State   St	1	Route# Direc	tion	Name of Intersectin	g Roadway/Street			1~1~	61			Lai	ndmark		_ <u> </u> -	
License # Ss, MA DOB/Ape	3	XVehicle1 1 #Occupants ☐ Hit/Run ☐ Moped Case														
Sex M Lic. Class   18   18   Lic. Restrictions   B   9   DL   Veh Year 2014   Veh Make   ITYUNDAI   Veh Config   10   Departor   DIAZ   NICOLAS   A   Model   Departor   Diaz   Departor   Departor   Diaz   Departor   Depart		T:#		MA			WS227				т Р/	AN	D	State MA	-	
Operator DIAZ NICOLAS A Findessment Address 20 FLOOD ST  Address 30 FLOO			18 1	18	19	_								20	-	
Address 2 H LOOD ST  City WALTHAM  State MA Zip 02433  City State Zip  Damaged Area Code: (Circle Up to Turee)  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued).  Violation 1: Ch. Sec Violation 2: Ch. Sec Underride Override  Please fill out for operator and all occupants involved  Address  Age DOB  Sex Lic. Class 18 18 Lic. Restrictions  First Middles  Address  Address  Address  Operator  Please fill out for operator and all occupants  Non-Motorist A Type  Address  Over Last Frust Middles  Address  City State Zip  City State Zip  Operator  Please fill out for operator and all occupants  Non-Motorist A Type  Address  Address  Over Last Frust Middles  Over Last Frust Middles  Address  City State Zip  Over Contributing Code  Please fill out for operator and all occupants involved  Address  Over Last Frust Middles  Address  City State Zip  Over Contributing Code  Please fill out for operator and all occupants involved  Vehicle Travel Direction: Non-Motorist A Type  Please fill out for operator and all occupants involved  Address  Over Last Frust Middles  Over Last Frust Middles  Address  Over Last Frust Middles  Over La	4				Endorsment A				II IVIAKC_					<u> </u>		
Insurance Company WELLS FARGO AUTO  Vehicle Travel Direction: X S E W  Responding to Emergency! Notation Prior to Crash  Vehicle Travel Direction: X S E W  Responding to Emergency! Notation Prior to Crash  Violation I: Ch	1	Address 20 FL	Last First Middle Address 20 FLOOD ST												_	
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Citation # (If Issued)		Insurance Company WELLS FARGO AUTO					Action Prior to	Crash	1	21	Damag	ged Area	Code: (C	Circle Up to Thr	ee)	
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Violation 1: Ch. Sec		Citation # (If I	ssued)			Most H	armful Event	22		24	•	9	$( \mid \cdot \mid \cdot \mid$		iage	
Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDDB Sex Pos. System Status Swinds Pos. System Status Swinds AgeDDB Sex Pos. System Status Swinds AgeDDB Sex Pos. System Status Swinds Code Code Status Code Address AgeDDB Sex Pos. System Status Swinds Code Code Status Status Code Code Status Status Code Code Status Swinds Code Code Status Code Code Status Cod	j _					Driver	Contributing Co		19		<b>6</b>	7		6		
Operator    Please Select One of the Following:	1						ide/Override		Tow	ed <u>1</u>		30 31	32		$\dashv$	
Please Select One of the Following:  Vehicle #Occupants Non-Motorist A Type		Name (Last Fir		ator and an occupar	Address		1 -	Sex	Pos. \$yste	y Airbag m Status S	Switch Co	de Code	Injury Tra Status Co	nsp. de Medical Facil	ity 2	
Operator  City  Insurance Company  Vehicle Travel Direction:  No SEW  Responding to Emergency?  Vehicle Travel Direction:  No Sec  Violation 1: Ch  Sec  Violation 2: Ch  Sec  Violation 3: Ch  Sec  Violation 4: Ch  Sec  Violation 4: Ch  Sec  Violation 4: Ch  Sec  Violation 5: Sec  Violation 4: Ch  Sec  Violation 5: Sec  Violation 4: Ch  Sec  Violation 6: Sec  Violation 6: Sec  Violation 7: Occupants  Non-Motorist A Type  Action  Location  Location  Condition  Condition  Hit/Run  Moped  Veh Year  Veh Make  Veh Config.  Owner  Last  First  Middle  Address  Address  Address  City  State  Zip  Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  Violation 1: Ch  Sec  Violation 2: Ch  Sec  Violation 2: Ch  Sec  Violation 4: Ch  Sec  Underride/Override  Vehicle Action Frior to Crash  Violation 3: Ch  Sec  Violation 4: Ch  Sec  Violation 4: Ch  Sec  Violation 5: Sec  Violation 6: Code  Violation 6: Code  Violation 7: Ch  Sec  Violation 8: Sec  Violation 8: Code  Violation 8: Code  Violation 9: Ch  Sec  Violation 9: Ch  Sec  Violation 1: Ch  Sec  Violation 4: Ch  Sec  Violation 6: Code  Violation 6: Code  Violation 7: Ch  Sec  Violation 8: Code  Violation 8: Code  Violation 8: Code  Violation 9: Ch  Sec  Violation 9: Ch  Sec		Operator			See Above				1	1	99 0	0	10 1		_	
Operator  City  Insurance Company  Vehicle Travel Direction:  No SEW  Responding to Emergency?  Vehicle Travel Direction:  No Sec  Violation 1: Ch  Sec  Violation 2: Ch  Sec  Violation 3: Ch  Sec  Violation 4: Ch  Sec  Violation 4: Ch  Sec  Violation 4: Ch  Sec  Violation 5: Sec  Violation 4: Ch  Sec  Violation 5: Sec  Violation 4: Ch  Sec  Violation 6: Sec  Violation 6: Sec  Violation 7: Occupants  Non-Motorist A Type  Action  Location  Location  Condition  Condition  Hit/Run  Moped  Veh Year  Veh Make  Veh Config.  Owner  Last  First  Middle  Address  Address  Address  City  State  Zip  Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  Violation 1: Ch  Sec  Violation 2: Ch  Sec  Violation 2: Ch  Sec  Violation 4: Ch  Sec  Underride/Override  Vehicle Action Frior to Crash  Violation 3: Ch  Sec  Violation 4: Ch  Sec  Violation 4: Ch  Sec  Violation 5: Sec  Violation 6: Code  Violation 6: Code  Violation 7: Ch  Sec  Violation 8: Sec  Violation 8: Code  Violation 8: Code  Violation 9: Ch  Sec  Violation 9: Ch  Sec  Violation 1: Ch  Sec  Violation 4: Ch  Sec  Violation 6: Code  Violation 6: Code  Violation 7: Ch  Sec  Violation 8: Code  Violation 8: Code  Violation 8: Code  Violation 9: Ch  Sec  Violation 9: Ch  Sec																
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Sex Lic. Class	1		Vehicle	e# Occupants	Non-Motorist A Type	14			ation	16 Co	ondition	17	Hit	t/Run Mop	ed	
SexLic. Class							#Reg TypeReg State								_	
Operator		Sex Lic. Class Lic. Restrictions CDL														
Address	1	Operator					Wner Last First Middle									
Insurance Company		Address					Address									
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Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence  Most Harmful Event  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility							venicle Action Prior to Crash									
Citation # (If Issued)						Event Sequence 10 Undercarriage									riage	
Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  A							Most Harmful Event 9 5 11 Totaled									
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Ag							25 8 7 6									
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility						Underri	override [				29 3	30 31 From	32 Injury Tree	33	$\dashv$	
Operator Poli-Proteinst See Above		Name (Last Fi	rst Middle)		Address			Sex	Pos. Syst	em Status	Switch Co	ode Code	Status C	ode Medical Faci	lity	
		Operator/	TSTTOTOTYT-HOM		See Above										$\dashv$	
										+					$\dashv$	



DANIEL SOHN 05/31/2020 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date