

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/29/2021	Time of Crash 12:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
BEACON ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At											
SOUTH HAMMONDSWOOD RD							Feet N S E W of _____ or _____				
Route# Direction Name of Intersecting Roadway/Street							Mile Marker Exit Number				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street							Route# Intersecting Roadway/Street				
							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000473		
License # --- St NY DOB/Age ---			Reg # PAPITE Reg Type PAS Reg State NY								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20								
Operator SANON LESLY			Owner (Same as operator)								
Address 22 FAHEY DR			Address								
City GARNERVILLE State NY Zip 10923			City State Zip								
Insurance Company ALLSTATE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			10 Undercarriage		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6			11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address			Age/DOB Sex			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			Medical Facility		
Operator See Above			-----			99 4 4 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # --- St --- DOB/Age ---			Reg # W14006 Reg Type CON Reg State MA								
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 1999 Veh Make FORD Veh Config. 2 20								
Operator GARCIA BENJAMIN			Owner G AND L LANDSCAI								
Address 22 MAPLE ST			Address 12 FIRST ST								
City MARLBOROUGH State MA Zip 01752			City FRAMINGHAM State MA Zip 01702								
Insurance Company NATIONAL CONTINENTAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued) T2013082			Most Harmful Event 1 23			1 9			10 Undercarriage		
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 5 24 24			8 7 6			11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address			Age/DOB Sex			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			Medical Facility		
Operator/Non-Motorist See Above			-----			99 4 4 0 0 10 1					
LOPEZ-AREVALO, EBER, SAUL			3910 STEARNS HILL RD WALTHAM, MA 02451			M 3 99 4 4 0 0 10 1					

