

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 02/16/2022		Time of Crash 08:02 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>SOUTH 1141 WALNUT ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
						<div>210</div> <div></div>																																																																						
						<div>111</div> <div></div>																																																																						
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<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000157																																																																						
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator JUAREZ JOSSELIN</div> <div>Address 145 ARNOLD RD</div> <div>City REVERE State MA Zip 02151</div> <div>Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>712</div> <div>Reg # 2CXJ93 Reg Type PAN Reg State MA</div> <div>Veh Year 2002 Veh Make TOYOTA Veh Config. 1 20</div> <div>Owner ZAVALA FERMIN</div> <div>Address 145 ARNOLD ST</div> <div>City WINTHROP State MA Zip 02152</div> <div>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 20 22 23 22 97 22 22 2 3 4</div> <div>Most Harmful Event 23 23 10 Undercarriage</div> <div>Driver Contributing Code 99 24 24 5 11 Totaled</div> <div>Underride/Override 25 Towed Y</div> <div></div>																																																																						
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