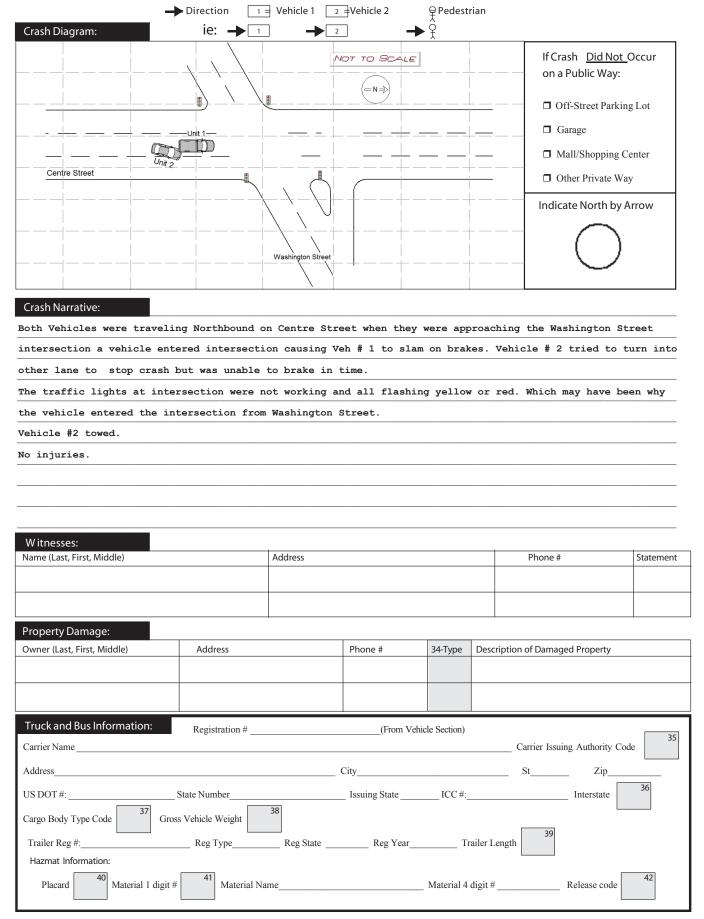
	Poli	ice Use Only		Commonwea	alth o	of Mass	achı	usett	S		RM	V Docu	ment Number			
	Date of Crash 03/25/2022	Time of Crash 07:28	NEWTON	MIOTOI		icle Cra	ash	Number		red La	eed Lim		State Police Local Police MBTA Police Other:	XI E 🔲		
							lice Report 2  LOCATION >					Longitude Other:				
	NOR					11011			111	01 11			errory.	2		
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction CENTRE ST  Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							//Street	2		
1	At EAST WASHINGTON ST					Feet NSEW of or								_ 2		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number  Feet N S E W of										
2	Also at Intersection with					Route# Intersecting Roadway/Street										
<b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Landmark										
3	Vehicle 1 #Occupants					Number 22000249										
	License#		Reg # TP174SR   Reg Type PAS   Reg State MA													
	License #         —         St         NY         DOB/Age         —           Sex_M         Lic. Class         D         18         18         Lic. Restrictions         1         P         CDL         Endorsment           Operator         RODRIGUEZ CRUZ         MANUEL         ESTUARDO         ESTUARDO					Veh Year 2018 Veh Make TOYOTA Veh Config. 20										
4		DRIGUEZ CRUZ	Owner (Same as operator)  Last First Middle													
3	Address 4135 159TH ST (apt. 2)  City FLUSHING State NY Zip 11358					Address										
						City State Zip										
[	1	nsurance Company_GEICO					Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)									
<b>2</b>	Vehicle Travel Direction: XSEW Responding to Emergency? N Event Sequence 1 22 22								2 2 3 (4)					rriage		
	`	ssued)		2 (1)		Harmful Event	1	24	24	1	9		11 Totaled	inage		
<sup>6</sup> 1	]	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 25 Towed N 8 7 6														
1	Please fill out for operator and all occupants involved				Unden	ride/Override		26 2 Seat Safe		29 Ei	30 31 ect Trap	32 Injury Ti	33 ransp.			
	Name (Last First Middle)         Address           Operator         See Above					Age/DOB	Sex	Pos. Syste	Status S	Switch Co	ouc couc	Status C	Ode Medical Fac			
	-1								-	1 0		10				
7	Please Select C	)no —		T_	1	14	15		16		17					
2	of the Followi	IX Vehicle	2 1 #Occupant	s Non-Motorist A Ty	ре	Action		ation	Co	ondition	17	Н	lit/Run Mo	ped		
	License# St MA DOB/Age					Reg# 6NL258					AS	Reg State MA		_ ]		
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment					Veh Year 2012 Veh Make MAZDA Veh Config. 1										
8 <b>4</b>	Operator ROSENBERG SHIPHRAH JUDITH  Last First Middle					Owner (Same as operator)  Last First Middle										
	Address 18 HOBSON ST (apt. 2)				Addre	Address										
	City BRIGHTON State MA Zip 02135					CityStateZip										
	Insurance Company GEICO					Vehicle Action Prior to Crash  1 21 Damaged Area Code: (Circle Up to Three)  22 22 22 22 22 23 4										
	Vehicle Travel Direction: $X \to W$ Responding to Emergency? $N$					Event Sequence 1 1 1										
	`	24 24								5 11 Totaled						
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 5										6					
1			ec Violation	Under	1   1   1   1   1   1   1   1   1   1							33				
	Name (Last Fi	rst Middle)	operator and all	Address		Age/DOB	Sex	Pos. Sys	y Airbag em Status	Airbag Ej Switch C	ect Trap Code Code	Injury I'i	Code Medical Fac	cility		
	Operator/	Non-Motorist		See Above				99	4	4 0	0	10 1	NONE			
												T				



MICHAEL D BOUDREAU 03/25/2022 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date