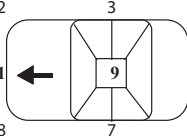
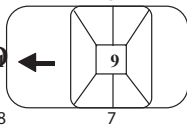


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 05/03/2022		Time of Crash 09:34 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ 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:																																																																						
<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>NORTH 355 UPLAND AVE</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>																																																																						
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<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class 99 18 18 Lic. Restrictions J 19 CDL _____</div> <div>Operator LUNA CARDOZO ANA R</div> <div>Address 538 WAVERLEY ST (apt. B)</div> <div>City FRAMINGHAM State MA Zip 01702</div> <div>Insurance Company PERMANENT GENERAL OF OHIO</div> <div>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N</div> <div>Citation # (If Issued) T2012916</div> <div>Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>112</div> <div>Reg # 53D960 Reg Type PAN Reg State MA</div> <div>Veh Year 2007 Veh Make HONDA Veh Config. 2 20</div> <div>Owner WAGNER EIDERICK-COSTA B</div> <div>Address 538 (apt. B) WAVERLEY ST</div> <div>City FRAMINGHAM State MA Zip 01702</div> <div>Vehicle Action Prior to Crash 2 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22 2</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div> <div>10 Undercarriage</div>																																																																						
<div>5</div>						<div>13</div>																																																																						
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<div>81</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____</div> <div>Operator LOUGHLIN WILLIAM KEVIN</div> <div>Address 25 THAYER AVE</div> <div>City W BRIDGEWATER State MA Zip 02379</div> <div>Insurance Company QUINCY MUTUAL FIRE</div> <div>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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>1</div> <div>Reg # 9470MR Reg Type PAN Reg State MA</div> <div>Veh Year 2016 Veh Make HYNDAI Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 1 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22 2</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 5 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div> <div>10 Undercarriage</div>																																																																						
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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

drivers license. I Informed LUNA CORDOZO that she was going to be cited and issued Massachusetts Uniform Citation T2012916 c90 s10 Operating Without a DriversLicense. The vehicle was parked legally on Upland Ave and LUNA CORDOZO's husband, EIDERICK-COSTRA Wagner, a licensed driver, would be coming later in the day to pick up the vehicle.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPART

05/03/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date