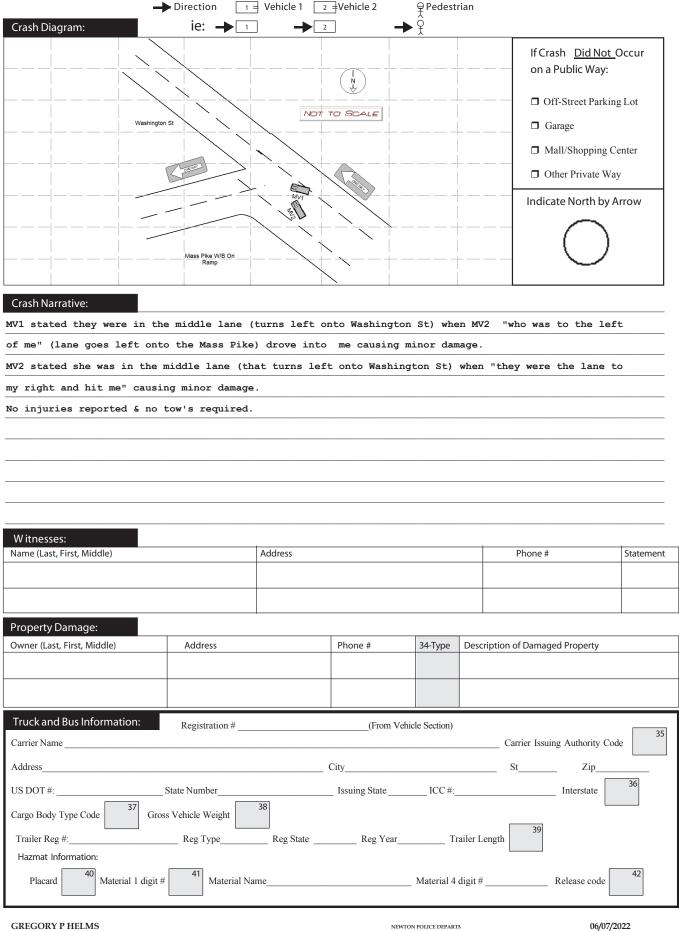
	Poli	ice Use Only		Commonwo	ealth	of Ma	issa	chu	iset	ts]	RMV	Docu	ıment	t Number		
	Date of Crash 06/07/2022	Time of Crash 16:40	City/To	1/1010		hicle (sh [Numl			Speed Latitud			St Lo	ate Police ocal Police BTA Police	N N	
	,,	24HR		P	Police				2	0			Longitude			Other:		
		AT INTERSECTION: <					LOCATION >						NOT AT INTERSECTION					
	NOR	TH CENTR	RE ST														2	
1 1	Route# Direction Name of Roadway/Street At WEST WASHINGTON ST					Route# Direction Address # Name of Roadway/St								y/Stre	et	_ 2 ¹		
						Feet NSEW of or sxit Nu									xit Number	. -		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of												
2	Also at intersection with					Route# Intersecting Roadway/Street Feet N S E W of												
² 1	Route# Direction Name of Intersecting Roadway/Street					Landmark												
3	[V]		<u> </u>															
	Vehicle1	2_#Occupants	se Numbe	Tumber 22000497														
	License # St MA DOB/Age 18 18 19 19					Reg # JKNE01 Reg Type PC Reg State FL 20												
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment					Veh Year 2018 Veh Make NISSAN Veh Config. 2												
⁴ 3	Operator NEV		Owner VEHICLES LLC HERTZ Last First Middle															
	Address 4159 NW 18TH AVE City OAKLAND PARK State FL Zip 33309 Insurance Company PROGRESSIVE					Address 5400 BUTLER NATIONAL DR												
						City ORLANDO State FL Zip 32812												
[Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)												
5 1	Vehicle Travel	_ Even	Event Sequence 1 22 22 22 22 2 3 4 10 Undercarriage															
	Citation # (If I	· · · · · · · · · · · · · · · · · · ·			Most	Harmful Ev	ent _	1 23		24	, 1	-	9			10 Undercarri 11 Totaled	age	
6	Violation	1: ChSec	c Violation	n 2: ChSec	Drive	er Contributi	ng Coo		99 24		8		O	\sum_{i}) ഉ			
⁶ 1		Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N											
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code Medi								Medical Facilit	<u>y</u> 1			
	Operator	Operator See Above 4159 NW 18TH AVE OAKLAND PARK, FL 33309							1	4	99	0	0	10	1			
	NEWSOM, LI							F 3	3 1	4	99	0	0	10	1			
⁷ 8	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupar	Non-Motorist A	Туре	14 Action	15	Loca	ation	16	Conditio	on	17	o i	Hit/Ru	n Mop	ed	
	License# St MA DOB/Age DOB/Age					Reg # 6YV355 Reg Ty							/pe_PAN Reg State_MA					
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment															20		
8 4	Operator CHO	Own	er (Same a	s opera	itor)		Fir	*			Midd	110		_				
_	Address 158 GERRY RD First Middle					ess								With				
	City CHESTNUT HILL State MA Zip 02467												State_		_Zip_		.	
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)												
	Vehicle Travel Direction: NSEM Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 4												
	Citation # (If I	Most	Harmful Ev	ent [1 23			_1 <	_	9			10 Undercarri 11 Totaled	age				
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 24																	
	Violatio	n 3: ChSe	Unde	Underride/Override 25 Towed N 8 7 6														
		Please fill out for operator and all occupants involved (Address Middle) Address				Age/DOB S				27 28 fety Airbag ystem Stati	28 29 30 irbag Airbag Eject Status Switch Code				ransp. Code	p.	ity	
		Non-Motorist		See Above					1		99		Code 0		1			



CDP1 11 ·24·00

Police Officer Name (Please Print)