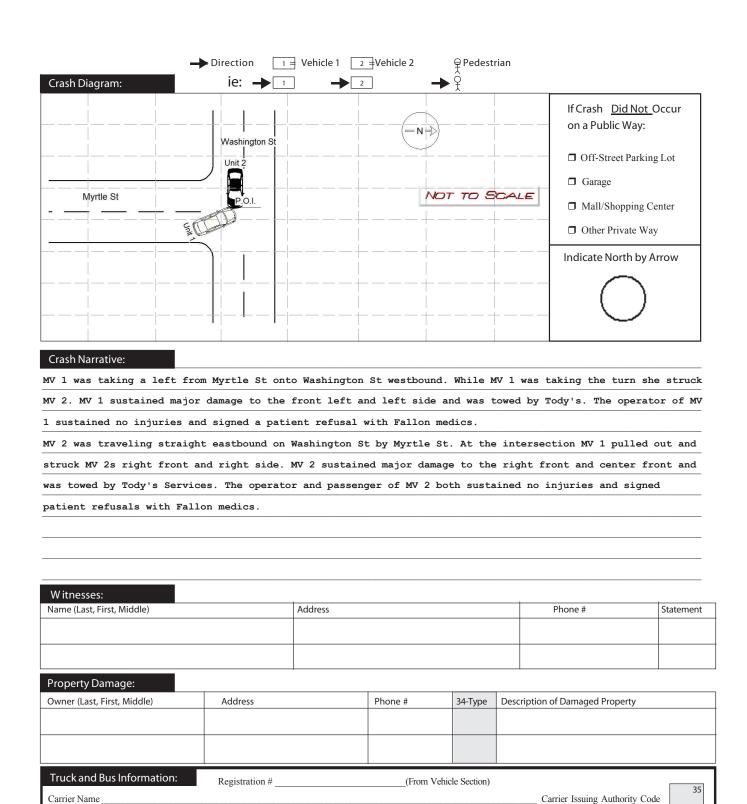
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| Feet S E W of Licenses Landmurk | | Route# Direc | tion N | | | reet | <u> </u> | F [7 | vlele | lw. | c | Mile | Marker | | | Е | xit Number | - |
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| Sex F Lie Class D B B Lie. Restrictions 1 9 CDL Veh Water 2015 Veh Make TOYOTA Veh Config. 1 Operator ARCHER JESSICA I Findersment Owner (Same as operator) Address City NEWTON State JESSICA City State MA Zip 02465 Insurance Company GOVERNMENT EMPLOYEES INSURANCE Vehicle Travel Direction: X S EW Responding to Emergency? N Citation # (If Issued) Violation 1: Ch See Violation 2: Ch See Underride Override None d art four Moddle None | | XVehicle1 | _1_#Occupants | Hit/R | un Mop | oed Case N | Number | | 2 | 20005 | 60 | | | | | | | |
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| Operator ARCHER JESSICA Late Address | | Sex_F Lic. 0 | Class D 18 1 | Lic. Restric | tions 1 C | CDL | Veh Ye | ear_2015 | Ve | h Mal | ke_TO | YOTA | | | Veh | Config | g. 20 | |
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| Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride Override Violation 3: Ch Sec Violation 4: Ch Sec Underride Override Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above Non-Motorist A Type License # — St MA DOB/Age — Reg # 4HLHII Reg Type PAN Reg State MA Zip O2151 Operator Operator Operator Operator Operator Operator Operator Castion # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride Override Operator Operator Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped Month | | Insurance Com | pany_GOVERN | MENT EMPL | OYEES INSURA | NCE | Vehicle | Action Prior to | Crash | | 4 21 | | Damage | ed Area | Code | (Circ | ele Up to Thre | ee) |
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| Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Sex Barry Author Nation Blancy Blanch Middle Medical Facility Address AgeDOB Sex Barry Author Nation Blanch Seventer Status Switch Scole Code Status Code Medical Facility Medical Facility Medical Facility Address Please Select One of the Following: License# St MA DOB/Age**— Sex M Lic. Class D B B Lic. Restrictions 1 COD Endorsment Address 7 PROCTOR AVE City REVERE State MA Zip 02151 Insurance Company GEICO Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Address 7 PROCTOR and I Totaled Please fill out for operator and all occupants involved Address 7 Processor 12 | | Violation | 1: ChSec | cViola | tion 2: Ch | Sec | Driver | Contributing C | ode | 4 2 | 4 | 24 | | VÍ | \bigvee | | 11 Totaled | |
| Operator See Above Non-Motorist A Type Ageros See Yos System Dates Plants Plants Plants (Cole Motestal Pacint) Please Select One of the Following: Vehicle 2 2 # Occupants Non-Motorist A Type Non-Motorist A Type Action 15 Location 16 Condition 17 Hit/Run Moped License # St MA DOB/Age Reg # 4HLH11 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Ware 2007 Veh Make CHEVY Veh Config. 1 20 Operator GUILHERME CASTOR Endorsment Company GEICO City REVERE State MA Zip 02151 Insurance Company GEICO Vehicle Travel Direction: N S XW Responding to Emergency? N Citation # (If Issued) Violation 1: Ch See Violation 2: Ch See Underride/Override Please fill out for operator and all occupants involved | 1 | Violation | 3: ChSec | eViola | tion 4: ChS | Sec | Underr | ide/Override | 25 | 5 | Гowed | <u>Y</u> | | C |) | 6 | | |
| Operator See Above Operator See Above Operator See Above Operator Non-Motorist A Type Operator See Above Operator Non-Motorist A Type Operator See Above Non-Motorist A Type Id Action If Location If Condition | | | | ator and all o | ccupants involve | | | | | | 27 Safety | 28 irbag Ai | 29 30 bag Ejec | 31 t Trap | 32 Injury | Transp. | . | 1 |
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| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2007 Veh Make CHEVY Veh Config. 1 20 Operator GUILHERME CASTOR Endorsment Address 7 PROCTOR AVE City REVERE State MA Zip 02151 City REVERE State MA Zip 02151 City REVERE State MA Zip 02151 Insurance Company GEICO Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S X W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 20 3 4 Citation # (If Issued) Most Harmful Event 1 23 | | | | 2 <u>2</u> #Occu | pants Non-M | Motorist A Type | e 14 | | Loc | ation | 1 | Cor | dition | 17 | | Hit/Ru | un Mop | ed |
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| Please fill out for operator and all occupants involved Sea | | Violation | n 3: ChS | ec Viol | ation 4: Ch | Sec | Underr | ide/Override | 25 | T | owed_ | Y | | 7 | | 6 | | |
| Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility | ľ | | | operator and | l all occupants in | | | | | | 27 Safety | 28 Lirbag Ai | 29 Signature 29 Ejec | 31 Trap | 32 Injury | Transp. | | |
| Operator/Non-Motorist See Above1 4 4 0 0 10 1 NONE | | | | | Sec | | | | Sex | | System | Status S | witch Co | ie Code | Status | Code 1 | | ity |
| FERNANDES DE OLIVEIRA ALEVANDR. 70 PROCTOR AVE | | | | ALEXANDR | | | | | M | 3 | 1 | | | | | | NONE | |
| REVERE, MA 02151 | F | | | | KEVEKE, MA 021 | 151 | | | | | | | | - | | | | |
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DONALD MURPHY

Newton Police Departs

O6/23/2022

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

Reg Type_____ Reg State _____ Reg Year____ Trailer Length

____ Issuing State ____ ICC #:___

Material 4 digit # Release code

Address_____ US DOT #: ____

Cargo Body Type Code

Trailer Reg #:_____

Placard

State Number

Gross Vehicle Weight

Material Name

Material 1 digit #