

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/19/2019	Time of Crash 21:24 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 391 LEXINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000075		
License # --- St MA DOB/Age ---			Reg # 8FV997 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2005 Veh Make KIA Veh Config. 2 20		
Operator BABIRYE CHRISTINE Last First Middle			Owner (Same as operator) Last First Middle						Address		
Address 33 MIDDLESEX CIR (apt. 5)			Address						City State Zip		
City WALTHAM State MA Zip 02452			City State Zip						Insurance Company LM GENERAL		
Vehicle Travel Direction: N X E W Responding to Emergency?			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)						Event Sequence 21 22 22 22 22 2 3 4		
Citation # (If Issued)			Most Harmful Event 21 23						10 Undercarriage		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24						5 11 Totaled		
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y						6		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility						Operator See Above 1 4 4 0 0 5 1		
Please Select One of the Following:			<input type="checkbox"/> Vehicle # Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped								
License # --- St DOB/Age ---			Reg # Reg Type Reg State						Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		Veh Year Veh Make Veh Config. 20
Operator Last First Middle			Owner Last First Middle						Address		
City State Zip			City State Zip						Insurance Company		
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Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility						Operator/Non-Motorist See Above 1 4 4 0 0 5 1		

Crash Narrative:

The OP. of MV#1 states while travelling northbound on Lexington Street, her car suddenly started sliding causing her to strike a tree by the roots area. Minor damage to the city tree, pictures taken.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS	6177961000	3	

RAYMOND H CHIEU			NEWTON POLICE DEPARTM		01/19/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					



