

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/01/2019	Time of Crash 20:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				
NORTH Route# Direction Name of Roadway/Street 16 WEST WATERTOWN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with NORTH EDDY ST Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000133		
License # --- St KS DOB/Age --- Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____ Operator KRAVETT JOEL Address 1910 SOUT PINE ST (apt. 43) City PITTSBURG State KS Zip 66762 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 8NS926 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20 Owner KRAVETT MICHAEL M Address 5 GRAYSON LANE City NEWTON State MA Zip 02462 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled								
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility System Status Switch Code Code Status Code Code								
Operator See Above			1 1 1 0 0 5 1 NONE								
ROSE, JESSICA, JEANNE 11 LAUREL DR HUDSON, MA 01749			F 3 1 4 99 0 0 5 1 NONE								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 2 #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 MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator PAO KANG Address 55 ELGIN ST City NEWTON State MA Zip 02459 Insurance Company GOVT EMPLOYEE INSU Vehicle Travel Direction: X S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 9FG297 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 19 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled								
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility System Status Switch Code Code Status Code Code								
Operator/Non-Motorist See Above			2 1 0 0 5 1 NONE								
TSENG, JOSEPH 55 ELGIN ST NEWTON, MA 02459			M 3 1 2 1 0 0 5 1 NONE								

SCOTT SIEGAL			NEWTON POLICE DEPARTM		02/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					