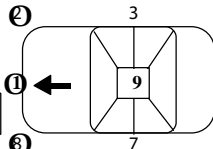
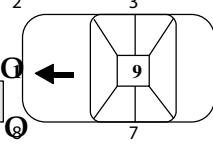
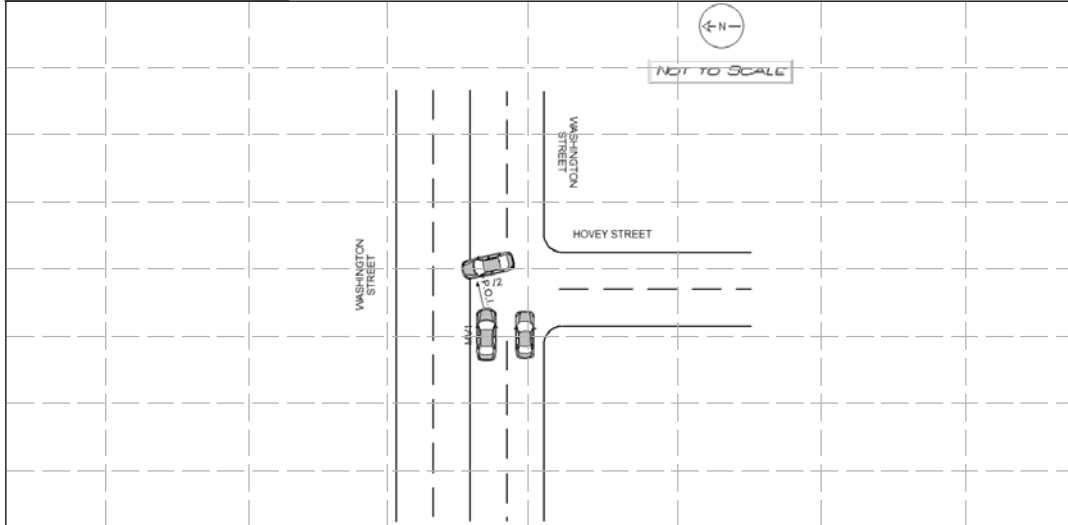


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/02/2019	Time of Crash 13:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				9
SOUTH HOVEY ST											2
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								10
At											2
WEST WASHINGTON ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ • _____ or _____				Mile Marker Exit Number				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				11
											3
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000137		
License # --- St MA DOB/Age -- -- --			Reg # 9PKA40 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____			Veh Year 2018 Veh Make BMW Veh Config. 1 20								
Operator AWAD DEWEY Endorsment _____			Owner FINANCIAL SERVICE Last First Middle								12
Address 75 CART PATH			Address 5550 BRITTON PKWY								1
City WESTON State MA Zip 02493			City HILLARD State OH Zip 43026								
Insurance Company AIG INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22						10 Undercarriage 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event 1 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved											13
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				1
Operator See Above			-----		1 2 99 0 0 5 1						
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 -- -- --			Reg # TAM88 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____			Veh Year 2014 Veh Make BMW Veh Config. 1 20								
Operator TAM EDMUND C			Owner (Same as operator) Last First Middle								
Address 10 LOYOLA CIR			Address _____								
City W ROXBURY State MA Zip 02132			City _____ State _____ Zip _____								
Insurance Company ALL STATE INSURANCE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Event Sequence 1 22 22 22 22						10 Undercarriage 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event 1 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 4 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y								
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 99 0 0 5 1						
KWAN, MICHELLE 10 LOYOLA CIR W ROXBURY, MA 02132			-- -- -- F 3		1 4 99 0 0 5 1						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:



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:

Operator of MV1 stated he was traveling Westbound on Washington St. when MV2 collided with his vehicle attempting to take a left traveling Eastbound on Washington St. Operator of MV1 stated there was a vehicle traveling parallel to him on Washington St. that stopped at the intersection of Washington St. and Hovey St. but stated he did not see MV2 until the last second. MV2 stated he was facing Southbound on Hovey St. attempting to take a left on Washington St. to travel Eastbound when he observed MV1 at the last second and collided with him.

No injuries. MV1 sustained heavy front end damage. MV2 sustained heavy front left end damage along with

(Continued on next page)

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

JUSTIN MARCH

NEWTON POLICE DEPART

02/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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 side door damage. Both vehicles involved were towed on scene by Tody's towing. A towed motor vehicle form was filled out for both in regards.

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

JUSTIN MARCH

NEWTON POLICE DEPART

02/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date