

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/08/2019		Time of Crash 18:19 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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	
WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
SOUTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								11	
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000159					3
License # _____ St <u>MA</u> DOB/Age _____				Reg # <u>6KX121</u> Reg Type <u>PAN</u> Reg State <u>MA</u>									
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>2</u> <u>19</u> CDL _____				Veh Year <u>2017</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>20</u>									
Operator <u>ODVARKA</u> <u>ANSAYA</u>				Owner <u>(Same as operator)</u>									12
Address <u>1210 CHESTNUT ST</u>				Address _____									
City <u>NEWTON</u> State <u>MA</u> Zip <u>02464</u>				City _____ State _____ Zip _____									
Insurance Company <u>PLYMOUTH RIOCK</u>				Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>									
Citation # (If Issued) _____				Most Harmful Event <u>1</u> <u>23</u>									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override <u>25</u> Towed <u>Y</u>									
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				-----									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants				<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # _____ St <u>MA</u> DOB/Age _____				Reg # <u>314VR8</u> Reg Type <u>PAN</u> Reg State <u>MA</u>									
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>2</u> <u>19</u> CDL _____				Veh Year <u>2012</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u>									
Operator <u>BERNSTEIN</u> <u>MARTIN</u>				Owner <u>(Same as operator)</u>									
Address <u>55 CHAPIN ROAD</u>				Address _____									
City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>				City _____ State _____ Zip _____									
Insurance Company <u>COMMERCE</u>				Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>									
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override <u>25</u> Towed <u>Y</u>									
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