

|  |  |                                  |                               |   |  |   |                     |                         |                        |   |  |  |    |
|--|--|----------------------------------|-------------------------------|---|--|---|---------------------|-------------------------|------------------------|---|--|--|----|
| Police Use Only  |  |                                  | Commonwealth of Massachusetts |   |  |   | RMV Document Number |                         |                        |   |  |  |    |
| Date of Crash<br>02/11/2019  |  | Time of Crash<br>19:46<br>24HR   |                               | City/Town<br>NEWTON                             |  | Motor Vehicle Crash<br>Police Report                        |                     | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 30<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |    |
| AT INTERSECTION:   |  |                                  |                               | < LOCATION >                                    |  | NOT AT INTERSECTION:  |                     |                         |                        |   |  | 9  |    |
| WEST BEACON ST   |  |                                  |                               |   |  |   |                     |                         |                        |   |  | 2  |    |
| Route# Direction Name of Roadway/Street  |  |                                  |                               | At  |  | Route# Direction Address # Name of Roadway/Street           |                     |                         |                        |   |  | 10   |    |
| NORTH HAMMOND ST   |  |                                  |                               |   |  | Feet N S E W of _____ or _____<br>Mile Marker Exit Number   |                     |                         |                        |   |  |  |    |
| Route# Direction Name of Intersecting Roadway/Street   |  |                                  |                               | Also at Intersection with                       |  | Feet N S E W of _____<br>Route# Intersecting Roadway/Street |                     |                         |                        |   |  | 11   |    |
| Route# Direction Name of Intersecting Roadway/Street   |  |                                  |                               |   |  | Landmark  |                     |                         |                        |   |  | 3  |    |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants                                     |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped                  |  | Case Number 190000172                                       |                     |                         |                        |   |  |  |    |
| License # --- St CA DOB/Age ---  |  |                                  |                               | Reg # 6XT813                                    |  | Reg Type PAN  |                     | Reg State MA            |                        |   |  |  |    |
| Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____                                      |  |                                  |                               | Veh Year 2014                                   |  | Veh Make TOYT   |                     | Veh Config. 1 20        |                        |   |  |  |    |
| Operator KLEINFELD ADAM JOSEPH   |  |                                  |                               | Owner (Same as operator)                        |  |   |                     |                         |                        |   |  |  | 12 |
| Address 14444 ROCK ROSE  |  |                                  |                               | Address   |  |   |                     |                         |                        |   |  |  |    |
| City SAN DIEGO State CA Zip 92127  |  |                                  |                               | City  |  | State   |                     | Zip                     |                        |   |  |  |    |
| Insurance Company GOVT EMPLOYEE INS  |  |                                  |                               | Vehicle Action Prior to Crash 4 21              |  | Damaged Area Code: (Circle Up to Three)                     |                     |                         |                        |   |  |  |    |
| Vehicle Travel Direction: X S E W Responding to Emergency? _____                               |  |                                  |                               | Event Sequence 1 22 22 22 22                    |  | 2   |                     | 3                       |                        | 4   |  |  |    |
| Citation # (If Issued) _____   |  |                                  |                               | Most Harmful Event 1 23                         |  | 1   |                     | 2                       |                        | 3   |  | 10 Undercarriage   |    |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                                |  |                                  |                               | Driver Contributing Code 1 24 24                |  | 1   |                     | 2                       |                        | 3   |  | 5 11 Totaled   |    |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                                |  |                                  |                               | Underride/Override 25 Towed N                   |  | 25  |                     | N                       |                        |   |  |  |    |
| 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   |    |
| Operator See Above   |  |                                  |                               | -----   |  | ---   |                     | 99                      |                        | 4   |  | 99   |    |
|  |  |                                  |                               |   |  |   |                     |                         |                        |   |  |  |    |
|  |  |                                  |                               |   |  |   |                     |                         |                        |   |  |  |    |
|  |  |                                  |                               |   |  |   |                     |                         |                        |   |  |  |    |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 # 3FD773                                    |  | Reg Type PAN  |                     | Reg State MA            |                        |   |  |  |    |
| Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____                                      |  |                                  |                               | Veh Year 2010                                   |  | Veh Make FORD   |                     | Veh Config. 1 20        |                        |   |  |  |    |
| Operator CHASE LOUISE B  |  |                                  |                               | Owner (Same as operator)                        |  |   |                     |                         |                        |   |  |  |    |
| Address 78 ELMIRA ST   |  |                                  |                               | Address   |  |   |                     |                         |                        |   |  |  |    |
| City BRIGHTON State MA Zip 02135   |  |                                  |                               | City  |  | State   |                     | Zip                     |                        |   |  |  |    |
| Insurance Company PLYMOUTH ROCK ASSU   |  |                                  |                               | Vehicle Action Prior to Crash 1 21              |  | Damaged Area Code: (Circle Up to Three)                     |                     |                         |                        |   |  |  |    |
| Vehicle Travel Direction: X S E W Responding to Emergency? _____                               |  |                                  |                               | Event Sequence 1 22 22 22 22                    |  | 2   |                     | 3                       |                        | 4   |  |  |    |
| Citation # (If Issued) _____   |  |                                  |                               | Most Harmful Event 1 23                         |  | 1   |                     | 2                       |                        | 3   |  | 10 Undercarriage   |    |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                                |  |                                  |                               | Driver Contributing Code 1 24 24                |  | 1   |                     | 2                       |                        | 3   |  | 5 11 Totaled   |    |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                                |  |                                  |                               | Underride/Override 25 Towed N                   |  | 25  |                     | N                       |                        |   |  |  |    |
| 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   |    |
| Operator/Non-Motorist See Above  |  |                                  |                               | -----   |  | ---   |                     | 99                      |                        | 4   |  | 99   |    |
|  |  |                                  |                               |   |  |   |                     |                         |                        |   |  |  |    |
|  |  |                                  |                               |   |  |   |                     |                         |                        |   |  |  |    |
|  |  |                                  |                               |   |  |   |                     |                         |                        |   |  |  |    |

### Crash Narrative:

(Continued on next page)

Witnesses:

### Property Damage:

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate \_\_\_\_\_

|                      |    |                      |    |
|----------------------|----|----------------------|----|
| Cargo Body Type Code | 37 | Gross Vehicle Weight | 38 |
|----------------------|----|----------------------|----|

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

