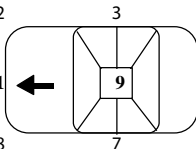
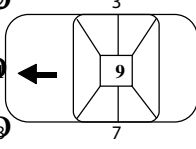
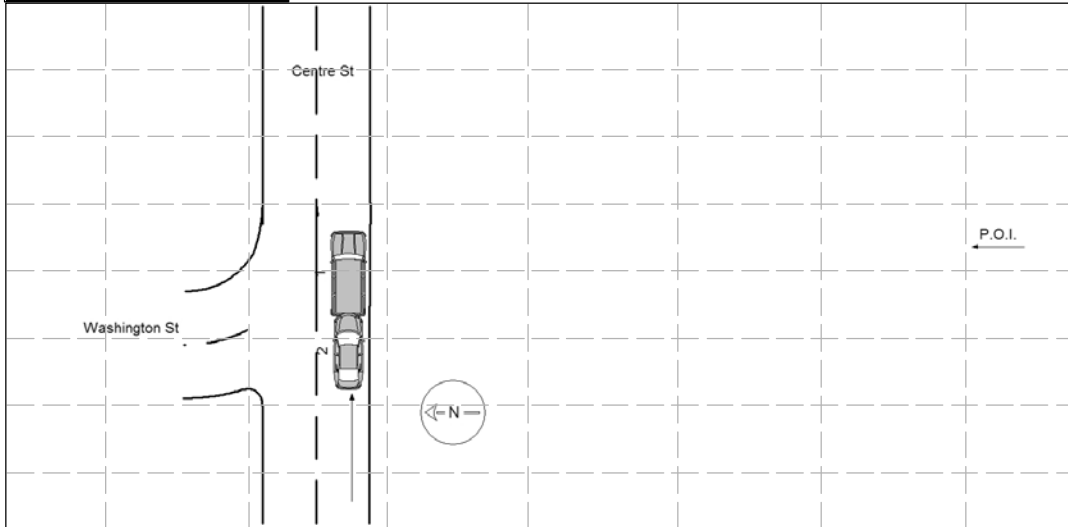


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																	
Date of Crash 02/27/2019	Time of Crash 21:54 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ 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:																																																																			
<div>14</div> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			<div>29</div> <div>210</div> <div>112</div> EAST 1 CENTRE AV Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet N S E W of _____ 100 FEE Feet N S X W of _____ Route# _____ Intersecting Roadway/Street _____ EXIT 17 MASSPIKE EAST Landmark _____																																																																					
<div>3</div> <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 1900000220																																																																								
<div>45</div> License # _____ St _____ DOB/Age -- -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator HAMOR SCOTT L Endorsment _____ Address 19 WINDSONG DR City KINGSTON State NH Zip 03848 Insurance Company NH INSURANCE			<div>112</div> Reg # 2724701 Reg Type PAN Reg State NH Veh Year 2007 Veh Make VOLVO Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 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 N 																																																																					
<div>51</div> Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			<div>113</div> <table><thead><tr><th colspan="2">Please fill out for operator and all occupants involved</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>4</td><td>0</td><td>0</td><td>5</td><td>1</td><td>NONE</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>					Please fill out for operator and all occupants involved		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	NONE																																							
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→ 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:

The operator of Vehicle #1 stated that she was slowing to merge into traffic on Washington St, after exiting the MassPike, prior to the collision with Vehicle #2.

The operator of Vehicle #2 stated that he attempted to stop prior to striking Vehicle #1, but was unable to due to the fresh snow that had fallen.

All parties declined medical attention. Vehicle #2 was towed by Tody's Towing Co.

### 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