

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/04/2019		Time of Crash 08:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 25 CHESTNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N][S][E][W] of _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000232					3
License # _____ St MA DOB/Age _____				Reg # 3BFS50				Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017				Veh Make RAM		Veh Config. 2 20			
Operator FONTANO STEPHEN Last First Middle				Owner (Same as operator) Last First Middle									
Address 25 CHESTNUT ST				Address _____									
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? _____				Event Sequence 2 22 22 22 22				2 3 4		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 2 23				1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed 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 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			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 _____ DOB/Age _____				Reg # 1XR873				Reg Type PAN		Reg State MA			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2013				Veh Make FORD		Veh Config. 1 20			
Operator _____ Last First Middle				Owner CITY OF NEWTON Last First Middle									
Address _____				Address 1321 WASHINGTON STREET									
City _____ State _____ Zip _____				City NEWTON State MA Zip 02465									
Insurance Company SELF INSURED				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22				2 3 4		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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Operator/Non-Motorist See Above				-----				-----					

