

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/16/2019		Time of Crash 13:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
EAST BOYLSTON ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
SOUTH HIGH ST						Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street _____						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark _____						1	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000289							
License # --- St MA DOB/Age ---				Reg # 5VT738 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2016 Veh Make TOYOTA Veh Config. 2 20									
Operator QIN MAGGIE				Owner (Same as operator)								12	
Address 9 MASON STREET				Address _____									
City LEXINGTON State MA Zip 02421				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 97 22 40 22 22 22 22		10 Undercarriage 5 11 Totaled							
Citation # (If Issued) _____				Most Harmful Event 22 23		Driver Contributing Code 1 24 24							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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												22	
Operator See Above				---									
YEUNG, JEFFREY 9 MASON STREET LEXINGTON, MA 02421				M 6 1 4 99 0 0 5 1									
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)							
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Operator/Non-Motorist See Above				---									

