

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/02/2019		Time of Crash 11:59 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 6 WINDSOR RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	3
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 190000334							
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MAYER EDA Address 24 SOUTHWICK RD City WABAN State MA Zip 02468 Insurance Company QUINCY				Reg # 7LZ944 Reg Type PAN Reg State MA Veh Year 2017 Veh Make LEXS Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 11 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 Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	1
Please fill out for operator and all occupants involved												13	2
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													
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 _____ Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL _____ Operator SULLIVAN JASON Address 3 ABBOT ST City WESTFORD State MA Zip 01886 Insurance Company SELF INSURED				Reg # M79847 Reg Type MCN Reg State MA Veh Year 2008 Veh Make INTERNATIONAL Veh Config. 6 20 Owner CITY OF NEWTON H Address 74 ELLIOT ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 18 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	2
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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/Non-Motorist See Above													

