

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/06/2019		Time of Crash 15:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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				EAST 866 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Landmark								11	
Vehicle 1 #Occupants		Hit/Run		Moped		Case Number 190000348						1	
License # St MA DOB/Age				Reg # P92174 Reg Type CON Reg State MA				20				12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2018 Veh Make FORD Veh Config. 6									
Operator FEELEY BRIAN Last First Middle				Owner UPPER FALLS DISCO Last First Middle									
Address 23 LAWRENCE ST				Address 150 NEEDHAM STREET									
City WALTHAM State MA Zip 02451				City NEWTON State MA Zip 02464									
Insurance Company SELECTIVE INS				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 21 22 21 22 21 22 2				10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 21 23				5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 19 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
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												21	
Operator See Above													
Please Select One of the Following: Vehicle #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped													
License # St DOB/Age				Reg # Reg Type Reg State				20					
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year Veh Make Veh Config.									
Operator Last First Middle				Owner Last First Middle									
Address				Address									
City State Zip				City State Zip									
Insurance Company				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22 2				10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 23				5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed									
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												21	
Operator/Non-Motorist See Above													

