

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/13/2019	Time of Crash 17:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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:				
PAUL ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				
At							Feet N S E W of or Mile Marker Exit Number				
CYPRESS ST											
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street				Route# Direction Name of Intersecting Roadway/Street				
Also at Intersection with							Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000373		
License # --- St MA DOB/Age ---			Reg # EV2941 Reg Type PAS Reg State MA			Veh Year 2017 Veh Make CHEVY Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Owner SRIDHAR THIAGARAJAN			Address 21 MARVIN LN			City NEWTON State MA Zip 02459		
Operator SRIDHAR ANIKA			Address 21 MARVIN LN			City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Address 21 MARVIN LANE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 97 24 24		
City NEWTON State MA Zip 02459			Underride/Override 25 Towed N			Diagram			10 Undercarriage 11 Totaled		
Insurance Company COMMERCE											
Vehicle Travel Direction: X S E W Responding to Emergency?											
Citation # (If Issued)											
Violation 1: Ch Sec Violation 2: Ch Sec											
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										1	
Operator See Above											
SMALL, LUCIA											
WILLIAMS, REBECCA											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 ---										Reg # 8ZM567 Reg Type PAN Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment										Veh Year 2015 Veh Make FORD Veh Config. 2 20	
Operator KNOTT WILLIAM										Owner (Same as operator)	
Address 36 WALTER ST										Address	
City NEWTON State MA Zip 02459										City State Zip	
Insurance Company LM GENERAL										Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: X S E W Responding to Emergency?										Event Sequence 1 22 22 22 22	
Citation # (If Issued)										Most Harmful Event 1 23	
Violation 1: Ch Sec Violation 2: Ch Sec										Driver Contributing Code 1 24 24	
Violation 3: Ch Sec Violation 4: Ch Sec										Underride/Override 25 Towed N	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										1	
Operator/Non-Motorist See Above											
BURKE, ROBERT, M											
KNOTT, ABIGAIL											

