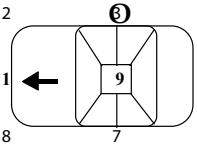
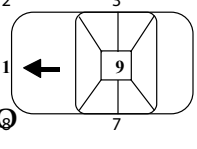


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 04/22/2019	Time of Crash 21:07 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 300 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000403					
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>8BZ278</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>					
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2003</u>		Veh Make <u>FORD</u>		Veh Config. <u>2</u> <u>20</u>					
Operator <u>FERRARO</u> <u>ALBO</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle									
Address <u>104 VERNON ST</u>			Address _____									
City <u>WALTHAM</u> State <u>MA</u> Zip <u>02453</u>			City _____ State _____ Zip _____									
Insurance Company <u>VERMONT MUTUAL INS</u>			Vehicle Action Prior to Crash <u>5</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 		10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>									
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.		27 Safety System	
Operator			See Above		-----		---		99		4	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # _____ St <u>RI</u> DOB/Age _____			Reg # <u>823502</u>		Reg Type <u>PASS</u>		Reg State <u>RI</u>					
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2009</u>		Veh Make <u>TOYOTA</u>		Veh Config. <u>1</u> <u>20</u>					
Operator <u>SAYASIT</u> <u>SOMPHONE</u> <u>B</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle									
Address <u>38 CONGRESS ST</u>			Address _____									
City <u>WOONSOCKET</u> State <u>RI</u> Zip <u>02895</u>			City _____ State _____ Zip _____									
Insurance Company <u>ALLSTATE</u>			Vehicle Action Prior to Crash <u>5</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 		10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>									
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.		27 Safety System	
Operator/Non-Motorist			See Above		-----		---		99		4	

♀ Pedestrian



It should be noted there is a yield sign facing MV1s incoming direction.

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Registration # _____ (From Vehicle Section)

35

Zip

36

5

39

Placar

Material 1 digit #

41	Material Name
----	---------------

Material 4 digit # _____

Release code

4.

04/22/2019

Date _____