

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/26/2019	Time of Crash 16:15 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 303 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			20 Feet X S E W of AUSTIN ST Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			0 Feet N S E X of BANK OF AMERICA Landmark				11 4				
X Vehicle 1 2 #Occupants			X Hit/Run			Moped			Case Number 190000420		
License # --- St MA DOB/Age ---			Reg # 7HR466 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL ---			Veh Year 2013 Veh Make FORD Veh Config. 1 20		
Operator KLEVAN MARCUS Last First Middle			Owner KLEVAN ALAN Last First Middle			Address 7 BRIDGES AVE			Address 6 TALLY HO LN		
City NEWTON State MA Zip 02460			City FRAMINGHAM State MA Zip 01701			Insurance Company GOVT EMPLOYEE			Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 22 22 22 22 2			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 Y		
Please fill out for operator and all occupants involved			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			1 4 4 0 0 10 1			13 1		
KLEVAN, ANDREW			7 BRIDGES AVE NEWTON, MA 02460			M			10 1		
Please Select One of the Following:			X Vehicle 2 1 #Occupants			Non-Motorist A Type 14 Action 15 Location 16 Condition 17			X Hit/Run Moped		
License # --- St MA DOB/Age ---			Reg # 8WX995 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 1997 Veh Make TOYOTA Veh Config. 1 20		
Operator TWINOMUJUNI JOHN W Last First Middle			Owner (Same as operator)			Address 6 GARDEN LN			City WALTHAM State MA Zip 02452		
Insurance Company QUINCY FIRE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: N X E W Responding to Emergency?			Most Harmful Event 1 23			Driver Contributing Code 99 24 24			Underride/Override 25 Towed Y		
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			Name (Last First Middle) Address Age/DOB Sex		
Operator/Non-Motorist			See Above			99 99 99 0 0 99 1			Medical Facility		

