

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number		
Date of Crash 04/27/2019	Time of Crash 09:41 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:
WEST BOYLSTON ST Route# Direction Name of Roadway/Street At NORTH CHESTNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street		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 _____

<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number <u>190000426</u>
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License # --- St <u>CA</u> DOB/Age --- Sex <u>F</u> Lic. Class <u>C</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator <u>CHEN LANPING</u> Address <u>115 OSBOURNE PATH</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u> Insurance Company <u>GEICO</u>	Reg # <u>1PJE71</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>4</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>
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Please fill out for operator and all occupants involved		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	-----	---	---	99	4	99	0	0	10	1	
XU, JINPING	105 WINTHROP RD (apt 2) BROOKLINE, MA 02446	-----	F	3	99	4	99	0	0	10	1	

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
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License # --- St <u>MA</u> DOB/Age --- Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator <u>RUSKIN MARC</u> Address <u>30 PARKLAND RD</u> City <u>NEEDHAM</u> State <u>MA</u> Zip <u>02494</u> Insurance Company <u>COMMERCE</u>	Reg # <u>7TW943</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>MCLAREN</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>
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Please fill out for operator and all occupants involved		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	-----	---	---	99	4	99	0	0	10	1	

