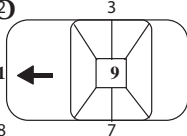
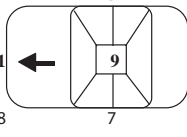


Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 04/27/2019		Time of Crash 12:02 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>				
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9				
1 1	CENTRE ST												2			
	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							10			
	At					Feet N S E W of _____ or _____ Mile Marker Exit Number										
2 2	CARLTON ST												11			
	Route# Direction Name of Intersecting Roadway/Street					Route# Intersecting Roadway/Street							3			
	Also at Intersection with					Feet N S E W of _____										
3	Route# Direction Name of Intersecting Roadway/Street					Landmark										
	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants					<input type="checkbox"/> Hit/Run					<input type="checkbox"/> Moped					
	Case Number 190000427															
4 1	License # --- St VA DOB/Age ---					Reg # JDN6663 Reg Type PAN Reg State NY					12					
	Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____					Veh Year 2019 Veh Make NISSAN Veh Config. 2 20										
	Operator REARDON SONYA					Owner EAN HOLDINGS LLC										
5	Address 1820 CLYDESDALE PLACE					Address 600 CORPORATE PARK DRIVE										
	City WASHINGTON DC State VA Zip 20009					City ST. LOIUS State MO Zip 63105										
	Insurance Company SELF INSURED					Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)										
6 1	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 99 24 24										
7 3	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N										
	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															
8 1	Operator					See Above										
9 3	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants					<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17										
	<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
10 1	License # --- St MA DOB/Age ---					Reg # 33FV28 Reg Type PAN Reg State MA					13					
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____					Veh Year 2007 Veh Make INFINITI Veh Config. 1 20										
	Operator PALMERINO JOSHUA					Owner (Same as operator)										
11 3	Address 116 TREMONT ST (apt. 4)					Address _____										
	City BRIGHTON State MA Zip 02135					City _____ State _____ Zip _____										
	Insurance Company AMICA MUTUAL					Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three)										
12 3	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 99 24 24										
13 3	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N										
	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															
14 3	Operator/Non-Motorist					See Above										

♀ Pedestrian

[illegible]

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

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

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CDP1 11 -24:00