

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/11/2019		Time of Crash 19:33 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 345 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000481						
License # _____ St PA DOB/Age _____				Reg # JFP3919 Reg Type RENTAL Reg State NY										
Sex M Lic. Class C 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2019 Veh Make DODGE Veh Config. 1 20										
Operator TOUSTER JONATHAN Last First Middle				Owner EAN HOLDINGS LLC Last First Middle								12		
Address 162 WESTWOOD DR				Address 14002 (apt. 1500) EAST 21ST ST										
City CLARION State PA Zip 16214				City TULSA State OK Zip 74134										
Insurance Company GEICO INS				Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____				Event Sequence 2 22 22 22 22 2				3 4 10 Undercarriage 5 11 Totaled						
Citation # (If Issued) _____				Most Harmful Event 2 23				1 9 8 7 6						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 97 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 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												2		
Operator See Above				-----				1 4 0 0 10 1						
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 _____ DOB/Age _____				Reg # 47K770 Reg Type PAN Reg State MA										
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2019 Veh Make INFI Veh Config. 1 20										
Operator _____ Last First Middle				Owner MAZA FERNANDO Last First Middle										
Address _____				Address 227 OLD CONNECTICUT										
City _____ State _____ Zip _____				City WAYLAND State MA Zip 01778										
Insurance Company LIBERTY MUTUAL INS				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4 10 Undercarriage 5 11 Totaled						
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 8 7 6						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24										
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														
Operator/Non-Motorist See Above				-----				-----						

