

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/17/2019	Time of Crash 13:00 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 876 BEACON 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000501	
License # _____ St MA DOB/Age _____			Reg # BU43113			Reg Type BUN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019			Veh Make THMS			Veh Config. 6 20	
Operator JACKSON TYRELL Last First Middle			Owner EASTERN BUS COMI Last First Middle							
Address 90 MIDDLESEX RD			Address PO BOX 514							
City WALTHAM State MA Zip 02452			City SOMERVILLE State MA Zip 02143							
Insurance Company AMERICAN ALTERNATIVE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6				
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							
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				
License # _____ St _____ DOB/Age _____			Reg # D43490			Reg Type TRN			Reg State MA	
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2001			Veh Make CARMA			Veh Config. 8 20	
Operator MARTINEZ JESUS Last First Middle			Owner MARTINEZ-FARIAS VALENTIN Last First Middle							
Address 227 NEWTON			Address 227 NEWTON ST							
City WALTHAM State MA Zip 02453			City WALTHAM State MA Zip 02453							
Insurance Company PLYMOUTH			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____			Event Sequence 2 22 22 22 22			2 3 4				
Citation # (If Issued) T1269943			Most Harmful Event 2 23			1 9 10 Undercarriage				
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 97 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6				
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			1 4 3 0 0 10 1							

