

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/21/2019	Time of Crash 14:35 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 709 WASHINGTON ST Route# Direction Address # Name of Roadway/Street				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____				11 4				
Route# Direction Name of Intersecting Roadway/Street			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000517		
License # --- St MA DOB/Age ---			Reg # 8CH400 Reg Type PAN Reg State MA			20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015 Veh Make NISSAN Veh Config. 1			20					
Operator AHEARN ALEXANDRA Last First Middle			Owner (Same as operator) Last First Middle			12					
Address 51 BROWNELL ST			Address _____								
City ATTLEBORO State MA Zip 02703			City _____ State _____ Zip _____								
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled					
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									13 1		
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					
MAYO, JENNA			141 CENTRAL ST MANSFIELD, MA 02048			F 1 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # 5CN162 Reg Type PAN Reg State MA			20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make JEEP Veh Config. 2			20					
Operator BERMAN DAVID Last First Middle			Owner (Same as operator) Last First Middle			12					
Address 237 GLENWOOD ST			Address _____								
City MALDEN State MA Zip 02148			City _____ State _____ Zip _____								
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y								
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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 4 0 0 10 1					

