

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/12/2019	Time of Crash 21:52 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 275 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 4				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000609		
License # --- St MA DOB/Age ---			Reg # 686XW2 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20		
Operator KEBADJIAN SETA Last First Middle			Owner (Same as operator) Last First Middle			Address 125 COOLIDGE AVE. (apt. 511)			Address		
City WATERTOWN State MA Zip 02472			City State Zip			Insurance Company NORFOLK DEDHAM			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
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 3 4			Citation # (If Issued)			Most Harmful Event 1 23 10 Undercarriage		
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 8 7 6 5 11 Totaled		
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			13 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 MA DOB/Age ---			Reg # 3SJ233 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2015 Veh Make MERCEDES Veh Config. 1 20		
Operator NGUYEN CHINH Last First Middle			Owner (Same as operator) Last First Middle			Address 3 HILLTOP RD (apt. BSMT)			Address		
City WATERTOWN State MA Zip 02472			City State Zip			Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
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 3 4			Citation # (If Issued)			Most Harmful Event 1 23 10 Undercarriage		
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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			13 1		

Crash Narrative:

Witnesses:

Property Damage:

Truck and Bus Information:

THOMAS P WALSH

NEWTON POLICE DEPARTMENT

06/12/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____