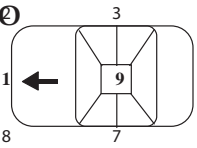
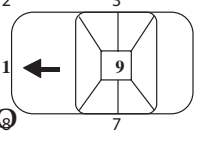


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number											
Date of Crash 06/24/2019	Time of Crash 11:49 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>										
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>													
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 821 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____															
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____															
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____															
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000646											
License # _____ St MA DOB/Age _____			Reg # S50959		Reg Type CON		Reg State MA											
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2013		Veh Make HONDA		Veh Config. <u>1</u> <u>20</u>											
Operator SHERMAN ANDREA Last First Middle			Owner DESIGNER CHOICE I Last First Middle		Address 80 EASTERN AVE													
Address 31 BEECHMONT ST			City WORCESTER		State MA Zip 01609		City CHELSEA State MA Zip 02150											
Insurance Company TRAVEL CAS INS ANE			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				10 Undercarriage 11 Totaled											
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed N											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____		Violation 4: Ch _____ Sec _____													
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	99	0	0	10	1		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u>		Location <u>16</u>		Condition <u>17</u>		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped					
License # _____ St MA DOB/Age _____			Reg # 584MK1		Reg Type PAN		Reg State MA											
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2013		Veh Make FORD		Veh Config. <u>1</u> <u>20</u>											
Operator FERGUSON ANDREA Last First Middle			Owner NEWTON CITY OF Last First Middle		Address 1000 COMMONWEALTH AVE													
Address 1321 WASHINGTON STREET			City NEWTON		State MA Zip 02460													
Insurance Company SELF INSURED			Vehicle Action Prior to Crash <u>6</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				10 Undercarriage 11 Totaled											
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		Driver Contributing Code <u>18</u> <u>24</u> <u>1</u> <u>24</u>		Underride/Override <u>25</u> Towed N											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____		Violation 4: Ch _____ Sec _____													
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	99	0	0	10	1		

