

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 06/29/2019	Time of Crash 14:09 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 55 JEFFERSON ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____							
			Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____							
			Feet [N][S][E][W] of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000673	
License # --- St MA DOB/Age ---			Reg # D61168			Reg Type CON			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2016			Veh Make FORD			Veh Config. 13 20	
Operator HURLEY STEPHEN			Owner TRUSTEES OF BOSTC							
Address 14 BOTHWELL RD			Address 140 COMMONWEALTH AVE							
City BRIGHTON State MA Zip 02135			City NEWTON State MA Zip 02467							
Insurance Company ARBELLA INDEMNITY			Vehicle Action Prior to Crash 10 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) _____			Most Harmful Event 2 23			1 9			10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			8 7 6			5 11 Totaled	
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 See Above			-----			99 4 99 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 # 8925XX			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2002			Veh Make MERCEDES			Veh Config. 1 20	
Operator _____			Owner ARO ANDREA							
Address _____			Address 65 (apt. 4) JEFFERSON ST							
City _____ State _____ Zip _____			City NEWTON State MA Zip 02458							
Insurance Company GEICO			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			8 7 6			5 11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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Operator/Non-Motorist See Above			-----							

