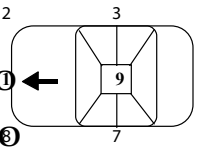
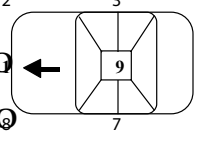


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/09/2019	Time of Crash 14:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:				
GLAZER RD											
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			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 _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				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 190000703		
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>6CX646</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2014</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u>			Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Endorsement _____		
Operator <u>GOODMAN</u> <u>ILENE</u> <u>S</u> Last First Middle			Owner <u>LINSKEY</u> <u>MARK</u> Last First Middle			Address <u>5 HARTMAN RD</u>			City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>		
Insurance Company <u>CITIZENS INSURANCE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>1</u> <u>23</u>						Driver Contributing Code <u>20</u> <u>24</u> <u>19</u> <u>24</u>		
Citation # (If Issued) _____			Underride/Override <u>25</u> Towed <u>Y</u>						Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		
Please fill out for operator and all occupants involved										13	
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 1 99 0 0 10 1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>1VDC21</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2019</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u>			Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Endorsement _____		
Operator <u>REIDER</u> <u>NATHAN</u> _____ Last First Middle			Owner <u>HONDA</u> <u>LEASE</u> <u>TRUST</u> Last First Middle			Address <u>600 KELLY WAY</u>			City <u>HOLYOKE</u> State <u>MA</u> Zip <u>01040</u>		
Insurance Company <u>COMMERCE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>1</u> <u>23</u>						Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		
Citation # (If Issued) _____			Underride/Override <u>25</u> Towed <u>Y</u>						Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		
Please fill out for operator and all occupants involved										13	
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 1 99 0 0 10 1 NONE	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

vehicle 1 was travelling North on Langley Rd where she states a bug of some kind was flying around her head. She panicked and while trying to shoe the bug, drifted over the double yellow line and struck vehicle two head on.

Operator of vehicle two states he had just backed out of his driveway and started to travel South on Langley Rd when Vehicle one crossed over and struck him.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

STEVEN A UMINA

NEWTON POLICE DEPART

07/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date