

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/09/2019	Time of Crash 17:34 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				
Route# Direction Name of Roadway/Street At			EAST 76 NAHANTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000706		
License # --- St MA DOB/Age ---			Reg # 4YC596 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make MERCEDES Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Owner AMR AUTO HOLDIN			Address 425 PROVIDENCE HWY					
Operator BISHOP ROBERT PETER			City NEWTON State MA Zip 02459			City WESTWOOD State MA Zip 02090-1927					
Insurance Company FEDERATED MUTUAL			Vehicle Action Prior to Crash 1 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			Most Harmful Event 1 23					
Citation # (If Issued)			Driver Contributing Code 22 24 9 24			Underride/Override 25 Towed N					
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 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			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 type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped								
License # --- St MA DOB/Age ---			Reg # 5MR237 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make MERCEDES Veh Config. 2 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner DAIMLER TRUST			Address PO BOX 685					
Operator LEMBERG EKATERINA			City NEEDHAM State MA Zip 02494			City ROANOKE State TN Zip 76262					
Insurance Company SAFETY INSURANCE			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			Most Harmful Event 1 23					
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N					
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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			1 4 4 0 0 10 1								

♀ Pedestrian

[illegible]

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

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

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CDP1 11 -24:00