

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 07/10/2019	Time of Crash 09:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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:																																																																					
NORTH Route# Direction Name of Roadway/Street At WEST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			CENTRE ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark																																																																									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000708																																																																			
License # --- St <u>MA</u> DOB/Age --- Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator <u>HALLETT</u> <u>CHRISTA</u> Address <u>40 DECKARD ST</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02121</u> Insurance Company <u>GEICO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>3XK787</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> <u>20</u> Owner <u>CREDIT LEASING LI VOLKSWAGON</u> Address <u>1401 FRANKLIN BLVD</u> City <u>LIBERTYVILLE</u> State <u>IL</u> Zip <u>60048</u> Vehicle Action Prior to Crash <u>2</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> 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 <u>Y</u>																																																																									
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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																																																																			
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