

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 07/11/2019	Time of Crash 12:48 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input checked="" type="checkbox"/> Other: <input type="checkbox"/>				
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:							
												9			
Route# Direction Name of Roadway/Street				EAST 400 CENTRE ST								2			
At				Route# Direction Address # Name of Roadway/Street								10			
				Feet N S E W of Mile Marker or Exit Number								2			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street								11			
Also at Intersection with				Landmark								2			
Route# Direction Name of Intersecting Roadway/Street															
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number		1900000712							
License # --- St MA DOB/Age ---				Reg # 957VZ9 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20								12			
Operator GOLDHABER MICHELLE R				Owner (Same as operator)								1			
Address 44 COLDGATE RD				Address											
City NEWTON State MA Zip 02468				City State Zip											
Insurance Company SAFETY				Vehicle Action Prior to Crash 6 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				10 Undercarriage							
Citation # (If Issued)				Most Harmful Event 1 23				11 Totaled							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 99 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N											
Please fill out for operator and all occupants involved												13			
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility												1			
Operator See Above															
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 # 196KS6 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20											
Operator FITZSIMMONS JANE				Owner (Same as operator)											
Address 93 WOODLAND ST				Address											
City NATICK State MA Zip 01760				City State Zip											
Insurance Company AMICA				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 2				10 Undercarriage							
Citation # (If Issued)				Most Harmful Event 1 23				11 Totaled							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24											
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility															
Operator/Non-Motorist See Above															

