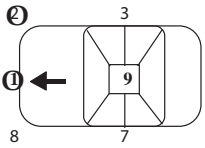
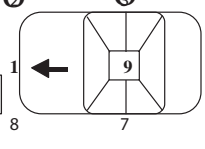


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/17/2019	Time of Crash 16:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
CENTRE ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
COMMONWEALTH AVE										
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 _____ • _____ or _____				Mile Marker Exit Number			
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			
							Landmark			
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000736	
License # --- St MA DOB/Age ---			Reg # 1WG911 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make JEEP Veh Config. 2 20							
Operator RAYNOR JANINE			Owner CCAP AUTO LEASE							
Address 1265 BEACON STREET (apt. 301)			Address PO BOX 961272							
City BROOKLINE State MA Zip 02446			City FORT WORTH State TX Zip 70161							
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 22						10 Undercarriage 11 Totaled	
Citation # (If Issued) _____			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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			N/A				
REEDER, JAUNITA			F			9 1			N/A	
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 # 78DW74 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make HONDA Veh Config. 2 20							
Operator HARTMAN EMMA			Owner HARTMAN JEHAN							
Address 2 CHAPMAN KNOLL			Address 2 CHAPMAN KNL							
City CANTON State MA Zip 02021			City CANTON State MA Zip 02021							
Insurance Company USAA CASUALTY INS			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 22						10 Undercarriage 11 Totaled	
Citation # (If Issued) T1444757			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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			99 4 99 0 0 10 1			N/A				

