

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 07/30/2019	Time of Crash 08:46 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	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: _____																																																																				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																																																																							
WEST <u>MILLER RD</u> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH <u>CENTRE ST</u> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____																																																																									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number <u>190000780</u>																																																																					
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>1</u> <u>19</u> CDL _____ Operator <u>MONROY</u> <u>CAROLINA</u> Address <u>26 FAANEUIL ST</u> City <u>BRIGHTON</u> State <u>MA</u> Zip <u>02135</u> Insurance Company <u>PROGRESSIVE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) <u>T1268348</u> Violation 1: Ch <u>19</u> Sec <u>71</u> Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>J35HLK</u> Reg Type <u>PAN</u> Reg State <u>NJ</u> Veh Year <u>2016</u> Veh Make <u>NISSAN</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ 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> Most Harmful Event <u>1</u> <u>23</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>19</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>																																																																									
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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
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<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000780		
License # --- St MA DOB/Age ---			Reg # 3XK672 Reg Type PAN Reg State MA			Veh Year 2014 Veh Make NISSAN Veh Config. 2 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator PERLERAMORAN ANA M			Owner (Same as operator)					
Address 11 JOHN ST			City CHELSEA State MA Zip 02150			Insurance Company GOVT EMPLOYEE					
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? _____			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		
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Operator			See Above			99 4 4 0 0 9 1					
Please Select One of the Following:			<input type="checkbox"/> Vehicle #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 --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20					
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Operator ---			Owner ---					
Address ---			City --- State --- Zip ---			Insurance Company ---					
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
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Operator/Non-Motorist			See Above			-----					

[illegible]

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

GITA K SETIABUDI		25111	NEWTON POLICE DEPTA		07/30/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					