

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/31/2019		Time of Crash 15:06 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 type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9		
ADAMS ST												2		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____						Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____						10		
WASHINGTON ST														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____						____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____						11		
						____ Feet [N S E W] of _____ Landmark _____						3		
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 190000785						
License # _____ St ME DOB/Age _____				Reg # 67484		Reg Type VET		Reg State ME						
Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make TOYT		Veh Config. 2 20						
Operator KETTERMAN KENNEH S				Owner (Same as operator)									12	
Address 526 RIVERSIDE DR				Address _____									1	
City EDDINGTON State ME Zip 04428				City _____ State _____ Zip _____										
Insurance Company GEICO				Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2		10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23		1		5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24		1								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N		8								
Please fill out for operator and all occupants involved													13	
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													1	
Operator See Above				-----		---		1 4 99 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 # 85J		Reg Type PAR		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make TOYT		Veh Config. 1 20						
Operator LYONS JAMES				Owner (Same as operator)										
Address 52 HARDING ST				Address _____										
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____										
Insurance Company ARBELLA MUTUAL INS				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2		10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23		1		5 11 Totaled						
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Operator/Non-Motorist See Above				-----		---		1 4 99 0 0 10 1						

