

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/05/2019	Time of Crash 10:07 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35 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:				
Route# Direction Name of Roadway/Street At			16 WEST 899 WASHINGTON ST								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000800		
License # --- St MA DOB/Age ---			Reg # T48243		Reg Type CON		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2107		Veh Make NISSAN		Veh Config. 2 20				
Operator BRYANT JONATHAN LEE			Owner LEASE PLAN USA INC								
Address 111 WABAN HILL RD N			Address 1165 SANCTUARY PKWY								
City NEWTON State MA Zip 02459			City ALPHARETTA		State GA		Zip 30009				
Insurance Company PHILADELPHIA INDEM			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 3 4		10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6						
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		
Operator			See Above		-----		--- --- 99		4 4		
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 # CIM899		Reg Type PAS		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2007		Veh Make NISSAN		Veh Config. 1 20				
Operator LEONG SHIRLEY			Owner (Same as operator)								
Address 8 WESLEY ST (apt. 2)			Address _____								
City NEWTON State MA Zip 02458			City _____		State _____		Zip _____				
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 5 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		3 4		10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 9 24 24		8 7 6						
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		
Operator/Non-Motorist			See Above		-----		--- --- 99		4 4		

