

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/20/2019	Time of Crash 16:59 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST CENTRE ST Route# _____ 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of CENTRE ST Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of EASTBOUND BRIDGE OVER MASSPIKE Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000856			
License # _____ St MA DOB/Age _____			Reg # 1GCD95		Reg Type PAN		Reg State MA			
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2009		Veh Make SUBARU		Veh Config. <u>1</u> <u>20</u>			
Operator SHARMARKE KHALID Last First Middle			Owner (Same as operator)		First Middle		12			
Address 300 HARRISON AVE			Address _____		First Middle		1			
City NEWTON State MA Zip 02118			City _____ State _____ Zip _____		First Middle		1			
Insurance Company PLYMOUTH ROCK INSURANCE			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 5 11 Totaled			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		② ③ ④		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 11 Totaled		1			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed N		1			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N		Underride/Override <u>25</u> Towed N		1			
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		1 4 4 0 0 10 1		NONE			
Operator			See Above		1 4 4 0 0 10 1		NONE			
Operator			See Above		1 4 4 0 0 10 1		NONE			
Operator			See Above		1 4 4 0 0 10 1		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St NJ DOB/Age _____			Reg # XGCY72		Reg Type _____		Reg State NJ			
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2017		Veh Make HIN		Veh Config. <u>6</u> <u>20</u>			
Operator FERNAND JOSE FERNANDEZ Last First Middle			Owner CHURCHILL CORP S		Last First Middle		1			
Address 179 BROAD ST (apt. 1)			Address 56 UTTER AVE		Last First Middle		1			
City NEWARK State NJ Zip 07104			City HAWTHORNE State NJ Zip 07506		Last First Middle		1			
Insurance Company CHURCHILL CORP SERVICES			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 5 11 Totaled			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 11 Totaled		1			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed N		1			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N		Underride/Override <u>25</u> Towed N		1			
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		1 4 4 0 0 10 1		NONE			
Operator/Non-Motorist			See Above		1 4 4 0 0 10 1		NONE			
Operator/Non-Motorist			See Above		1 4 4 0 0 10 1		NONE			
Operator/Non-Motorist			See Above		1 4 4 0 0 10 1		NONE			

