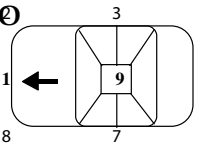
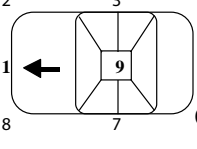


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/21/2019	Time of Crash 16:45 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		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"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 673 CENTRE ST 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000860	
License # _____ St MA DOB/Age _____			Reg # 5845ZT			Reg Type PAN			Reg State MA	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2016			Veh Make TOYOTA			Veh Config. <u>2</u> <u>20</u>	
Operator SCHIFMAN PANDORA Last First Middle			Owner (Same as operator)			First Middle				
Address 513 BIRD RD			Address _____			City _____ State _____ Zip _____				
City MANSFIELD State MA Zip 02048			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)	
Insurance Company COMMERCE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 11 Totaled	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed N	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				
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				
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 MA DOB/Age _____			Reg # 6TP598			Reg Type PAN			Reg State MA	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2017			Veh Make BMW			Veh Config. <u>1</u> <u>20</u>	
Operator DEONARINE FELICIA Last First Middle			Owner (Same as operator)			First Middle				
Address 2000 PRESIDENTS WAY (apt. 2218)			Address _____			City _____ State _____ Zip _____				
City DEDHAM State MA Zip 02026			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)	
Insurance Company GOVT EMPLOYEE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 11 Totaled	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed N	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				
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				

