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|---|--|--------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|-----------------------|---------------------|---|--|--|---|
| Police Use Only   |  |                                | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |                       |                     |   |  |  |   |
| Date of Crash<br>08/24/2019   |  | Time of Crash<br>14:53<br>24HR |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report |                     | Number Vehicles<br>1  | Number Injured<br>0 | Speed Limit 15<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |   |
| AT INTERSECTION:  |  |                                |                               | < LOCATION >  |  | NOT AT INTERSECTION:                 |                     |                       |                     |   |  | 9  |   |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____   |  |                                |                               | NORTH 2345 COMMONWEALTH AVE<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>____ Feet [N S E W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____<br>____ Feet [N S E W] of _____<br>Route# _____ Intersecting Roadway/Street _____<br>____ Feet [N S E W] of _____<br>Landmark _____  |  |                                      |                     |                       |                     |   |  | 2  |   |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____   |  |                                |                               |   |  |                                      |                     |                       |                     |   |  | 10   |   |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  |  |                                |                               |   |  |                                      |                     |                       |                     |   |  | 11   |   |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  |  |                                |                               |   |  |                                      |                     |                       |                     |   |  | 99   |   |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants  |  |                                |                               | <input checked="" type="checkbox"/> Hit/Run   |  | <input type="checkbox"/> Moped       |                     | Case Number 190000869 |                     |   |  |  | 3 |
| License # _____ St _____ DOB/Age _____<br>Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____<br>Operator _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company FOR HIRE SELF INSURER   |  |                                |                               | Reg # HHX4997 Reg Type OMIBUS PRI Reg State NY<br>Veh Year 2019 Veh Make CHEVY Veh Config. [2] [20]<br>Owner PV HOLDING CORP<br>Address 90-20 GRND CENTRAL PKWY<br>City EAST ELMHURST State NY Zip 11369<br>Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three)<br>Event Sequence [2] [22] [22] [22] [22] 2<br>Most Harmful Event [2] [23] 1<br>Driver Contributing Code [1] [24] [24] 8<br>Underride/Override [25] Towed N 7 |  |                                      |                     |                       |                     |   |  | 12   |   |
| Vehicle Travel Direction: [X] [S] [E] [W] Responding to Emergency? _____<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |  |                                |                               | 10 Undercarriage<br>5 11 Totaled  |  |                                      |                     |                       |                     |   |  | 5  |   |
| Please fill out for operator and all occupants involved   |  |                                |                               |   |  |                                      |                     |                       |                     |   |  | 6  |   |
| 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   |  |                                |                               |   |  |                                      |                     |                       |                     |   |  | 13   |   |
| Operator See Above  |  |                                |                               |   |  |                                      |                     |                       |                     |   |  | 2  |   |
|   |  |                                |                               |   |  |                                      |                     |                       |                     |   |  |  |   |
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|   |  |                                |                               |   |  |                                      |                     |                       |                     |   |  |  |   |
| 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  |  |                                |                               |   |  |                                      |                     |                       |                     |   |  | 7  |   |
| License # _____ St _____ DOB/Age _____<br>Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____<br>Operator _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company _____<br>Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? _____<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |  |                                |                               | Reg # _____ Reg Type _____ Reg State _____<br>Veh Year _____ Veh Make _____ Veh Config. [20]<br>Owner _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash [21] Damaged Area Code: (Circle Up to Three)<br>Event Sequence [22] [22] [22] [22] 2<br>Most Harmful Event [23] 3<br>Driver Contributing Code [24] [24] 1<br>Underride/Override [25] Towed _____ 8                  |  |                                      |                     |                       |                     |   |  | 8  |   |
| 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   |  |                                |                               |   |  |                                      |                     |                       |                     |   |  |  |   |
|   |  |                                |                               |   |  |                                      |                     |                       |                     |   |  |  |   |
|   |  |                                |                               |   |  |                                      |                     |                       |                     |   |  |  |   |
|   |  |                                |                               |   |  |                                      |                     |                       |                     |   |  |  |   |

CDP1 11:24:00