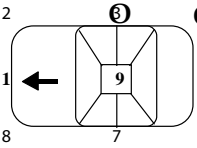
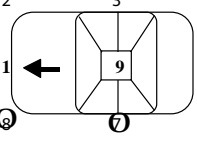


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/29/2019	Time of Crash 15:30 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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 _____			WEST 1000 COMMONWEALTH AVE 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 _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 190000887		
License # _____ St MA DOB/Age _____			Reg # 2BL557			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 2012			Veh Make FORD			Veh Config. <u>2</u> <u>20</u>		
Operator GALASTI JOSEPH F			Owner (Same as operator)								
Address 13 LODGE RD			Address _____								
City WAYLAND State MA Zip 01778			City _____ State _____ Zip _____								
Insurance Company USAA			Vehicle Action Prior to Crash <u>6</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
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>						10 Undercarriage 5 11 Totaled		
Citation # (If Issued) T1445050			Most Harmful Event <u>1</u> <u>23</u>								
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>3</u> <u>24</u> <u>10</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										17	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____										Reg # 2YA959	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____										Reg Type PAN	
Veh Year 2015										Reg State MA	
Veh Make FORD										Veh Config. <u>1</u> <u>20</u>	
Operator REZEY DEANNA										Owner (Same as operator)	
Address 26 MARY HGTS DR										Address _____	
City FITCHBURG State MA Zip 01420										City _____ State _____ Zip _____	
Insurance Company PROGRESSIVE										Vehicle Action Prior to Crash <u>1</u> <u>21</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										10 Undercarriage 5 11 Totaled	
Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>											
Underride/Override <u>25</u> Towed N											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

