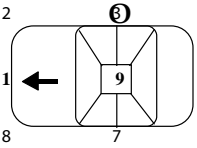
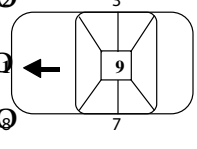


Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | |
|--|--------------------------------|---------------------|--|--|-----------------------------|---|--|--|--------------------------------|--|--|--|
| Date of Crash 08/29/2019 | Time of Crash 16:31 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 716 BEACON 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 _____ _____ 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 190000892 | | | |
| License # _____ St MA DOB/Age _____ | | | Reg # 5SRB30 | | | Reg Type PAN | | | Reg State MA | | | |
| Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ | | | Veh Year 2019 | | | Veh Make MERZ | | | Veh Config. <u>1</u> <u>20</u> | | | |
| Operator MEYER CHANA J | | | Owner (Same as operator) | | | | | | | | | |
| Address 154 WOODCHESTER DR | | | Address _____ | | | | | | | | | |
| City NEWTON State MA Zip 02467 | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company GEICO GENERAL INS | | | Vehicle Action Prior to Crash <u>1</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"/> W Responding to Emergency? _____ | | | Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | |  | | | 10 Undercarriage 11 Totaled | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>1</u> <u>23</u> | | | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>1</u> <u>24</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 | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | | Age/DOB | | | Sex | | | |
| Operator | | | See Above | | | ----- | | | --- | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 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 # 9NLK90 | | | Reg Type PAN | | | Reg State MA | | | |
| Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>I</u> <u>19</u> CDL _____ | | | Veh Year 2017 | | | Veh Make FORD | | | Veh Config. <u>1</u> <u>20</u> | | | |
| Operator SCHWARTZ ANDREW | | | Owner (Same as operator) | | | | | | | | | |
| Address 225 ARNOLD RD | | | Address _____ | | | | | | | | | |
| City NEWTON CENTER State MA Zip 02459 | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company SAFETY INSURANCE | | | 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"/> W Responding to Emergency? _____ | | | Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | |  | | | 10 Undercarriage 11 Totaled | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>1</u> <u>23</u> | | | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>19</u> <u>24</u> <u>4</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 | | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | | Age/DOB | | | Sex | | | |
| Operator/Non-Motorist | | | See Above | | | ----- | | | --- | | | |
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