

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/17/2019	Time of Crash 18:25 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
SOUTH COURT ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of or Mile Marker Exit Number								
16 EAST WASHINGTON ST											
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000956		
License # --- St MA DOB/Age ---			Reg # 64G720 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2019 Veh Make HONDA Veh Config. 1 20								
Operator LI KIN W			Owner (Same as operator)								
Address 20 CHANDLER PL			Address								
City NEWTON State MA Zip 02464			City State Zip								
Insurance Company SAFETY			Vehicle Action Prior to Crash 97 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totaled					
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Driver Contributing Code 6 24 24								
Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___			Underride/Override 25 Towed N								
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 3 0 0 10 1					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # 8WH577 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2018 Veh Make JEEP Veh Config. 2 20								
Operator STAKE KELSEY			Owner USB LEASING LT								
Address 146 CHAPEL ST			Address 679 BOX								
City NEWTON State MA Zip 02458			City WILMINGTON State OH Zip 45177								
Insurance Company COMMERCE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totaled					
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Operator/Non-Motorist See Above			-----			1 4 4 0 0 10 1					

