

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/21/2019		Time of Crash 15:24 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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:						9		
16 EAST WASHINGTON ST												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ • _____ or _____										
BEACON ST				Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								11		
Also at Intersection with				Feet N S E W of _____								2		
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 190000966						
License # --- St MA DOB/Age ---				Reg # 39WS51 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make MAZDA Veh Config. 1 20										
Operator ZANNIS JOHN V				Owner (Same as operator)									12	
Address 23 HEMENWAY ST (apt. 3)				Address _____										
City BOSTON State MA Zip 02115				City _____ State _____ Zip _____										
Insurance Company NORFOLK DED MUTUAL INS				Vehicle Action Prior to Crash 1 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				2 3 4						
Citation # (If Issued) T1444940				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch 90/114 Sec Violation 2: Ch 19/71 Sec				Driver Contributing Code 19 24 5 24				5 11 Totaled						
Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec				Underride/Override 25 Towed N				6						
Please fill out for operator and all occupants involved													13	
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					1	
Operator See Above				-----				1 1 99 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 # 1RXS11 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make GMC Veh Config. 2 20										
Operator BRODERICK PAMELA W				Owner (Same as operator)										
Address 66 ARNOLD RD				Address _____										
City WELLESLEY State MA Zip 02481				City _____ State _____ Zip _____										
Insurance Company PURE INS CO.				Vehicle Action Prior to Crash 2 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				2 3 4						
Citation # (If Issued) T2081061				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch 90/11/R Sec Violation 2: Ch _____ Sec				Driver Contributing Code 1 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec				Underride/Override 25 Towed N				6						
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				-----				1 5 99 0 0 10 1						

[illegible]

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

DANIEL S SULLIVAN			NEWTON POLICE DEPT		09/22/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					