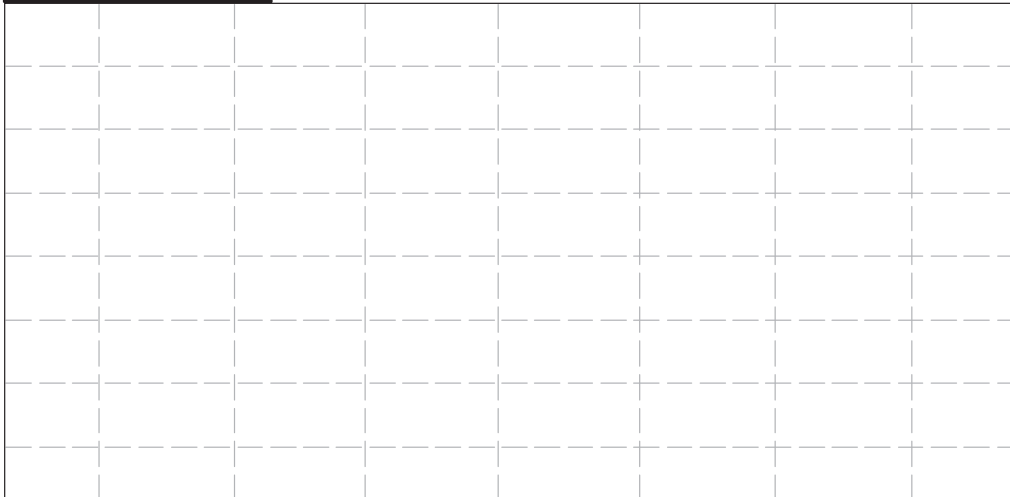


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/27/2019	Time of Crash 00:05 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 30 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street					9		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number					10		
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street					11		
3			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 5 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000977	
License # --- St CT DOB/Age ---			Reg # 3XN162 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make FORD Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Operator DA-SILVA FABIO JUNIOR			Owner SILVAS GENERAL SI CORP			12	
Address 870 GRAND ST			City BRIDGEPORT State CT Zip 06604			Address 132 WOODSBURY RD				
Insurance Company GOVT EMPLOYEE INS			City ROCKLAND State MA Zip 02370			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 3 22 22 22 22			Most Harmful Event 3 23				
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled				
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						13	
Operator			See Above							
HERMANSPAN, BRENDAN			44 OVERLOOK DR SOUTHBOROUGH, MA 01772							
7 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	
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20				
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Operator			Owner				
Address			City State Zip			City State Zip				
Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22				
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 23			Driver Contributing Code 24 24				
Citation # (If Issued)			Underride/Override 25 Towed			10 Undercarriage 5 11 Totaled				
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec							
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							

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

WITHOUT LOOKING, GETTING STRUCK BY THE FRONT PASSENGER SIDE OF MV1 AND FALLING TO THE GROUND. THE OPERATOR WILL BE E-MAILING THE FOOTAGE TO BE ATTACHED TO THIS REPORT. 1 PHOTO WAS TAKEN OF THE VEHICLE AND SUBMITTED TO THE IT BUREAU.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

KAYLA PATRICIA DONAHUE

NEWTON POLICE DEPART

09/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date