

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 10/03/2019	Time of Crash 21:24 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:					
<div>14Route# Direction Name of Roadway/Street At</div> <div>23Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29NORTH 84 PARKER ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001004					
License # --- St MA DOB/Age ---			Reg # 7HN328 Reg Type PAN Reg State MA				Veh Year 2014 Veh Make JEEP Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____ Endorsment			Operator WINSTON-KHAN VIVECA JADE				Owner WINSTON DAN					
Address 89 ERIE AVE			Address 89 ERIE AVE				City NEWTON State MA Zip 02461					
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N				8 7 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				13					
Operator			See Above				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 # 2NR333 Reg Type PAN Reg State MA				Veh Year 2011 Veh Make LEXUS Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Endorsment			Operator SWAIN ANTHONY				Owner (Same as operator)					
Address 6 BRYON RD			Address _____				City _____ State _____ Zip _____					
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 20 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y				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				13					
Operator/Non-Motorist			See Above				1					

♀ Pedestrian

[illegible]

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

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

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CDP1 11 -24:00