

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | |
|--|--------------------------------|---------------------|---|--|--|--|-------------------------|------------------------|--|--|--|
| Date of Crash 10/04/2019 | Time of Crash 16:09 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 1 | 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: | | | | |
| <div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div> | | | <div>29WEST 313 CALIFORNIA ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>11Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ Route# Intersecting Roadway/Street</div> <div>2Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ Landmark</div> | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 1900001008 | | |
| License # --- St MA DOB/Age --- | | | Reg # 1LMD95 | | | Reg Type PAN | | | Reg State MA | | |
| Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement | | | Veh Year 2019 Veh Make HONDA | | | Veh Config. <input type="checkbox"/> 120 | | | | | |
| Operator HARRINGTON KEITH Last First Middle | | | Owner (Same as operator) Last First Middle | | | Address _____ | | | | | |
| Address 12 UTICA ST | | | City _____ State MA Zip 02420 | | | City _____ State _____ Zip _____ | | | | | |
| Insurance Company PROGRESSIVE | | | Vehicle Action Prior to Crash <input type="checkbox"/> 121 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E Responding to Emergency? N | | | Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) T2079021 | | | Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23 | | | 5 11 Totaled | | | | | |
| Violation 1: Ch 90/246 Sec _____ Violation 2: Ch 90/246 Sec _____ | | | Driver Contributing Code <input type="checkbox"/> 14 <input type="checkbox"/> 24 <input type="checkbox"/> 97 <input type="checkbox"/> 24 | | | Underride/Override <input type="checkbox"/> 25 Towed Y | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | 132 | |
| Name (Last First Middle) | | | Address | | | Age/DOB | | | Sex | | |
| Operator | | | See Above | | | ----- | | | --- | | |
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| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants | | | | | | | | | | <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 | |
| <input type="checkbox"/> Hit/Run | | | | | | | | | | <input type="checkbox"/> Moped | |
| License # --- St --- DOB/Age _____ | | | Reg # 5YR125 | | | Reg Type PAN | | | Reg State MA | | |
| Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement | | | Veh Year 2019 Veh Make HONDA | | | Veh Config. <input type="checkbox"/> 220 | | | | | |
| Operator _____ Last First Middle | | | Owner MEIRA LOURDES Last First Middle | | | Address 313 CALIFORNIA ST | | | | | |
| Address _____ | | | City NEWTON | | | State MA Zip 02458 | | | | | |
| Insurance Company COMMERCE | | | Vehicle Action Prior to Crash <input type="checkbox"/> 1121 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E Responding to Emergency? N | | | Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 | | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 | | | Underride/Override <input type="checkbox"/> 25 Towed N | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | 132 | |
| Name (Last First Middle) | | | Address | | | Age/DOB | | | Sex | | |
| Operator/Non-Motorist | | | See Above | | | ----- | | | --- | | |
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