

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/09/2019		Time of Crash 13:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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><div>SOUTH</div><div>CHARLEMONT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>SOUTH</div><div>NEEDHAM ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# 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</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001024							
License # --- St MA DOB/Age ---				Reg # 3LP436 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 1999 Veh Make FORD Veh Config. 2 20									
Operator SURPENANT JAMIE Last First Middle				Owner (Same as operator) Last First Middle									
Address 63 HAMMOND HILL RD (apt. A)				Address									
City CHARLTON State MA Zip 01507				City State Zip									
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 2 Most Harmful Event 1 23									
Citation # (If Issued)				Driver Contributing Code 99 24 99 24 Underride/Override 25 Towed Y				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				See Above		-----		---		1 4 4 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 # PEL934 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2005 Veh Make CHEVY Veh Config. 2 20									
Operator CLEMONS GARY Last First Middle				Owner (Same as operator) Last First Middle									
Address 11 COOLEIDGE ST				Address									
City REVERE State MA Zip 02151				City State Zip									
Insurance Company SAFETY				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 1 22 22 22 2 Most Harmful Event 1 23									
Citation # (If Issued)				Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y				10 Undercarriage 5 11 Totaled					
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Violation 3: Ch Sec Violation 4: Ch Sec													
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Operator/Non-Motorist				See Above		-----		---		1 4 4 0 0 10 1			

