

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/09/2019		Time of Crash 16:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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>EAST</div><div>GROVE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>RT. 128 N/B OFF RAMP</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 1900001025							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator LAWRENCE GERARD Address 51 1/2 BRANCH ST City LOWELL State MA Zip 01851 Insurance Company LIBERTY MUTUAL FIRE INS				Reg # T21604 Reg Type CON Reg State MA Veh Year 2017 Veh Make FORD Veh Config. 2 20 Owner SOLUTIONS VPNE PARKING Address 343 CONGRESS ST 3RD FLOOR City BOSTON State MA Zip 02110 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y 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				Operator See Above --- --- 1 4 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 --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator PAL SHRUTI Address 65 LANGDON ST City CAMBRIDGE State MA Zip 02138 Insurance Company GOVT EMPLOYEE INS				Reg # 9FP827 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 20 Owner HONDA LEASE TRU! Address 600 KELLY WAY City HOLYOKE State MA Zip 01040 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 3 24 5 11 Totaled Underride/Override 25 Towed Y 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				Operator/Non-Motorist See Above --- --- 1 3 99 0 0 10 1									

[illegible]

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

JUSTIN MARCH			NEWTON POLICE DEPT#3		10/09/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					