

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 10/15/2019	Time of Crash 10:54 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			SOUTH 73 LEXINGTON ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____							
			Feet [N][S][E][W] of _____ RUMFORD AVE							
			Route# Intersecting Roadway/Street							
			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001045	
License # --- St MA DOB/Age ---			Reg # 7WBM50			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2006			Veh Make TOYOTA			Veh Config. 1 20	
Operator DELY AURIEL			Owner (Same as operator)							
Address 15 ENDICOTT ST (apt. 2)			Address							
City WALTHAM State MA Zip 02453			City			State			Zip	
Insurance Company NGM INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N			Event Sequence 20 22 2 22 22 22			Event Sequence 20 22 22 22 22			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 20 23			Most Harmful Event 20 23			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 16 24 24			Driver Contributing Code 16 24 24				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25			Underride/Override 25			Towed Y	
Please fill out for operator and all occupants involved			Name (Last First Middle)			Address			Age/DOB	
Operator			See Above			See Above			See Above	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 # Occupants			<input type="checkbox"/> Non-Motorist A Type			14 Action 15 Location 16 Condition 17	
License # --- St DOB/Age ---			Reg # 6TE480			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2010			Veh Make TOYOTA			Veh Config. 2 20	
Operator _____			Owner WOLF DAVID B			Owner WOLF DAVID B				
Address _____			Address 11 BARBARA RD			Address 11 BARBARA RD				
City _____ State _____ Zip _____			City NEWTON			City NEWTON			State MA Zip 02465	
Insurance Company GEICO			Vehicle Action Prior to Crash 11 21			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N			Event Sequence 11 22 22 22 22			Event Sequence 11 22 22 22 22			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 11 23			Most Harmful Event 11 23			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			Driver Contributing Code 24 24				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25			Underride/Override 25			Towed N	
Please fill out for operator and all occupants involved			Name (Last First Middle)			Address			Age/DOB	
Operator/Non-Motorist			See Above			See Above			See Above	

DANIEL SOHN			NEWTON POLICE DEPT		10/15/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					