

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/15/2019	Time of Crash 11:29 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				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"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 829 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				2 9			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				11 4			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001046	
License # _____ St MA DOB/Age _____			Reg # 6PB549 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make CADI Veh Config. 1 20			12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____			1	
Operator BORTONE JACQUELINE Last First Middle			Address _____			City _____ State _____ Zip _____			12	
Address 10 HAWTHORN STREET			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			13	
City NEWTON State MA Zip 02465			Event Sequence 1 22 22 22 22 2			10 Undercarriage			1	
Insurance Company COMMERCE			Most Harmful Event 1 23			5 11 Totaled			1	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			1	
Citation # (If Issued) T1445180			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Violation 1: Ch 90/9 Sec Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Please fill out for operator and all occupants involved			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Name (Last First Middle) Address Age/DOB Sex			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Operator See Above			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
License # _____ St MA DOB/Age _____			Reg # 1LJT54 Reg Type PAN Reg State MA			Veh Year 2013 Veh Make FORD Veh Config. 2 20			12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____			1	
Operator KARIUKI DANIEL Last First Middle			Address _____			City _____ State _____ Zip _____			12	
Address 229 18TH ST. (apt. 103)			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			13	
City DRACUT State MA Zip 01826			Event Sequence 1 22 22 22 22 2			10 Undercarriage			1	
Insurance Company GEICO			Most Harmful Event 1 23			5 11 Totaled			1	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			1	
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Please fill out for operator and all occupants involved			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Name (Last First Middle) Address Age/DOB Sex			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			1	
Operator/Non-Motorist See Above			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			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