

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/19/2019	Time of Crash 23:49 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 165 LEXINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 4				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001070		
License # --- St MA DOB/Age ---			Reg # 8ZV146 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2014 Veh Make LEXS Veh Config. 1 20		
Operator EDOUARD MICHAEL Last First Middle			Owner (Same as operator) Last First Middle			Address 20 HIGHLAND TERR			Address		
City BROCKTON State MA Zip 02301			City State Zip			Insurance Company GEICO GENERAL			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Citation # (If Issued)			Most Harmful Event 1 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		
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			Operator/Non-Motorist See Above		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			13 1		
License # --- St DOB/Age ---			Reg # Reg Type UNKNOWN Reg State XX			Sex --- Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year Veh Make UNKNOWN Veh Config. 97 20		
Operator Last First Middle			Owner (Same as operator) Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company UNKNOWN			Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 2 22 22 22 22 2			Citation # (If Issued)			Most Harmful Event 2 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		
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