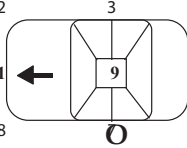
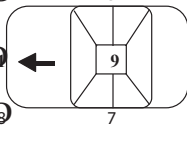


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																			
Date of Crash 10/22/2019	Time of Crash 15:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ 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>11</div><div>SOUTH GREENOUGH ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST WASHINGTON 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>29</div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Exit Number</div><div>Feet N S E W of</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Landmark</div></div>																																																																							
<div><div>21</div><div><input checked="" type="checkbox"/> Vehicle 1 1 #Occupants</div><div><input type="checkbox"/> Hit/Run</div><div><input type="checkbox"/> Moped</div><div>Case Number 1900001076</div></div>																																																																										
<div><div>41</div><div>License # --- St MA DOB/Age ---</div><div>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment</div><div>Operator REGO KEVIN</div><div>Address 30 SAGAMORE RD</div><div>City E TAUNTON State MA Zip 02718</div><div>Insurance Company COMMERCE INSURANCE</div><div>Vehicle Travel Direction: N S E X Responding to Emergency? N</div><div>Citation # (If Issued)</div><div>Violation 1: Ch Sec Violation 2: Ch Sec</div><div>Violation 3: Ch Sec Violation 4: Ch Sec</div></div>			<div><div>112</div><div>Reg # 2661NG Reg Type PAN Reg State MA</div><div>Veh Year 2015 Veh Make FORD Veh Config. 1 20</div><div>Owner (Same as operator)</div><div>Address</div><div>City State Zip</div><div>Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)</div><div>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23</div><div>Driver Contributing Code 1 24 24</div><div>Underride/Override 25 Towed N</div><div></div><div>10 Undercarriage 11 Totaled</div></div>																																																																							
<div><div>73</div><div>Please fill out for operator and all occupants involved</div><table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table></div>			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																																									<div><div>131</div><div>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</div></div>						
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Greenough St

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Operator of MV#1 stated he was travelling westbound on Washington St at Greenough St in the outside lane. A vehicle in the inside westbound lane slowed to let a vehicle turn left from the eastbound side onto Greenough St. Operator of MV#1 stated he slowed down to let the car turn when he was struck from behind by MV#2.

Operator of MV#2 stated he was travelling westbound on Washington St and did not realize the car in front of him was slowing down until it was too late. He crashed into the back of MV#1. MV#1 suffered minor damage to the rear and left side. MV#2 suffered moderate damage to the front and right side. Both vehicles were driven from the scene. Both operators declined medical attention.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MEGHAN E MCLEAN	38801	NEWTON POLICE DEPT	10/22/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date