

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/26/2019	Time of Crash 20:00 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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>				
<b>CHESTNUT ST</b>											
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 <u>3</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001097		
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>T793038C</u> Reg Type <u>PAN</u> Reg State <u>NY</u>			Veh Year <u>2018</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>20</u>					
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2018</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>20</u>			Owner <u>FLEXDRIVE SERVICE</u>					
Operator <u>RICHARD VINCENT PAUL</u>			Owner <u>FLEXDRIVE SERVICE</u>			Address <u>2280 BETHLEHEM PIKE</u>					
Address <u>187 PLEASANT ST</u>			City <u>WORCESTER</u> State <u>MA</u> Zip <u>01609</u>			City <u>HATFIELD</u> State <u>PA</u> Zip <u>19440</u>					
Insurance Company <u>ALL STATE INSURANCE CO</u>			Vehicle Action Prior to Crash <u>3</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>			10 Undercarriage		
Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>			5 11 Totaled		
Citation # (If Issued) _____			Underride/Override <u>25</u> Towed <u>N</u>			Towed <u>N</u>					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
LETCHER, ANNA						F			6		
AH-AHMAD, MAYA						F			4		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>										15	
<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # _____ St <u>MA</u> DOB/Age _____										Reg # <u>8GS182</u> Reg Type <u>PAN</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____										Veh Year <u>2002</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>20</u>	
Operator <u>MACELLAN JASON</u>										Owner <u>SCIPIONE SHIRLEY</u>	
Address <u>10 HORTON ST</u>										Address <u>204 SUMNER ST</u>	
City <u>ATTLEBORO</u> State <u>MA</u> Zip <u>02703</u>										City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>	
Insurance Company <u>GOVT EMPLOYEE INSURANCE</u>										Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u>										Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>	
Citation # (If Issued) _____										Most Harmful Event <u>1</u> <u>23</u>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Underride/Override <u>25</u> Towed <u>N</u>	
Please fill out for operator and all occupants involved										8	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

