
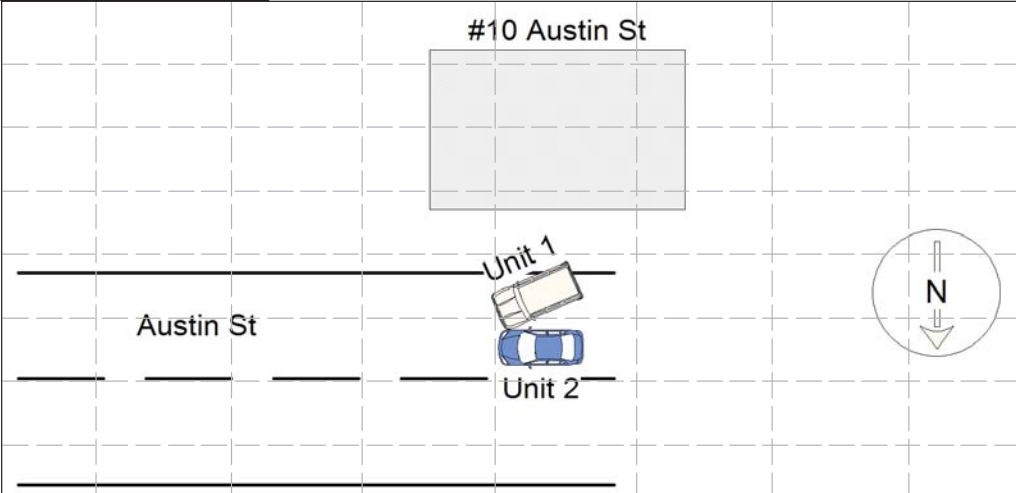


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/31/2019	Time of Crash 07:32 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 10 AUSTIN ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street				11 3			
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001113	
License # --- St NY DOB/Age ---			Reg # 1KAW64 Reg Type PAN Reg State MA			20				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2019 Veh Make BMW Veh Config. 2							
Operator YOU CHEEN JACKLYN Last First Middle			Owner FINANCIAL SERVICI Last First Middle			12 1				
Address 75 W END AVE			Address 5550 BRITTON PKWY							
City NEW YORK State NY Zip 10823			City HILLARD State OH Zip 43026							
Insurance Company GOVT WEMPLOYEES			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6				
Please fill out for operator and all occupants involved									13 1	
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							
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				
License # --- St MA DOB/Age ---			Reg # 2VBE10 Reg Type PAN Reg State MA			20				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2009 Veh Make CHEV Veh Config. 1							
Operator JAGANNATH KHALSM Last First Middle			Owner (Same as operator) Last First Middle							
Address 41 TICONDEROGA LN			Address _____							
City MILLIS State MA Zip 02054			City _____ State _____ Zip _____							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6				
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/Non-Motorist See Above			1 4 99 0 0 10 1							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☹ Pedestrian  
 ie: → 1    → 2    →

Crash Diagram:		If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way Indicate North by Arrow 
		

Crash Narrative:
Operator #1 reports she was pulling out from a parked position near #10 Austin St when she struck a passing vehicle (#2 MV).
Operator #2 stated she was going e/b on Austin St when vehicle #1 pulled out into traffic from a parking spot striking her vehicle.

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		35
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight 38		
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length 39
Hazmat Information:			
Placard 40	Material 1 digit # 41	Material Name _____	Material 4 digit # _____ Release code 42