

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/01/2019		Time of Crash 17:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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>NORTH</div><div>WALNUT ST.</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>BEACON 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>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001123							
License # --- St MA DOB/Age ---				Reg # 8PW722 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 D 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2007 Veh Make HONDA Veh Config. 2 20									
Operator GONZALEZ LINDA JOYCE				Owner (Same as operator)									
Address #3 WILSON CIRCLE				Address									
City NEWTON State MA Zip 02461				City State Zip									
Insurance Company GOVERNMENT EMPLOYEE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) T 207988				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch 90/24 Sec Violation 2: Ch 90/24 Sec				Driver Contributing Code 97 24 14 24				5 11 Totaled					
Violation 3: Ch 90/24 Sec Violation 4: Ch 90/24 Sec				Underride/Override 25 Towed Y				6					
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex				Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility									
Operator See Above				---									
PITTS, AMIRAH 3 WILSON CIR NEWTON, MA 024654				M 3 1 4 4 0 0 99 2 NEWTON WELLESLEY									
HAYWOOD, TRINITY 3 WILSON CIRCLE NEWTON, MA 02461				F 8 1 4 4 0 0 99 2 NEWTON WELLESLEY									
JACOBS, NINJAH				F 5 1 4 4 0 0 99 2 NEWTON WELLESLEY									
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 # TC80KE Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 D 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make HOND Veh Config. 1 20									
Operator FREEMAN LEAH				Owner FREEMAN SCOTT									
Address 10 KENDALL RD				Address 10 KENDALL RD									
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02459									
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E 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 Y				6					
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Name (Last First Middle) Address Age/DOB Sex				Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility									
Operator/Non-Motorist See Above				-----									

Commonwealth of Massachusetts

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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9			
2 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 _____ • _____ or _____ Mile Marker Exit Number				10			
3 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 _____ Route# Intersecting Roadway/Street				11			
4			Landmark							
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Crash Narrative:	
possible injuries.	
Both vehicles were towed by Tody's.	
MV1 sustained significant damage and was not able to be driven away. The operator would have been aware of the accident based on the level of damage.	

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

DONALD MURPHY			NEWTON POLICE DEPT#14		11/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					