

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/02/2019	Time of Crash 12:10 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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>				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 719 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001125		
License # _____ St MA DOB/Age _____			Reg # 299RJ1			Reg Type PAN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014			Veh Make TOYOTA			Veh Config. 1 20		
Operator KELLEY GERONIMO			Owner LYNCH CASEY								
Address 44 FAIRWAY DR.			Address 88 HAWTHORNE ST								
City S. DENNIS State MA Zip 02660			City NEWTON State MA Zip 02458								
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8			6		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			---		---		27 Safety System	
LYNCH, CASEY			88 HAWTHORNE ST NEWTON, MA 02458			---		F		28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										19	
<input type="checkbox"/> Moped										20	
License # _____ St MA DOB/Age _____										Reg # BIRDEY	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										Reg Type PAV	
Operator MCDONOUGH ROBIN										Reg State MA	
Address 11 TOURNAMENT RD.										Veh Year 2017	
City NATICK State MA Zip 01760										Veh Make CHEVY	
Insurance Company GEICO										Veh Config. 1 20	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N										Owner (Same as operator)	
Citation # (If Issued) _____										Address _____	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										City _____ State _____ Zip _____	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Vehicle Action Prior to Crash 4 21	
Underride/Override 25 Towed Y										Damaged Area Code: (Circle Up to Three)	
Event Sequence 1 22 22 22 22										2 3 4	
Most Harmful Event 1 23										1 9	
Driver Contributing Code 19 24 24										5 11 Totaled	
Underride/Override 25 Towed Y										8 7 6	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			---		---		27 Safety System	
MCDONOUGH, EMILY			11 TOURNAMENT RD. NATICK, MA 01660			---		F		28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

