

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/04/2019		Time of Crash 15:36 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:						9	
Route# Direction Name of Roadway/Street At				WEST 210 NAHANTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	5
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001134							
License # --- St GA DOB/Age --- Sex M Lic. Class A 18 18 Lic. Restrictions B 19 CDL _____ Operator SUMNER JAMES LEE Address 607 GARY AVE City NASHVILLE State GA Zip 31639 Insurance Company FREIGHTWAY TRANSPORT				Reg # 411210Z Reg Type TL Reg State ME Veh Year 2018 Veh Make HYUN Veh Config. 7 20 Owner XTRA LLC Address 7911 FORSYTH BLVD City ST LOUIS State MO Zip 63105 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 21 22 22 22 22 2 Most Harmful Event 21 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N								7	12
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved												13	21
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ALGARIN EMMA I Address 25 PATTERSON WAY (apt. 455) City BOSTON State MA Zip 02127 Insurance Company COMMERCE				Reg # 947HR9 Reg Type PAN Reg State MA Veh Year 2001 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 21 22 22 22 22 2 Most Harmful Event 21 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								8	1
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				10 Undercarriage 5 11 Totaled									
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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									

