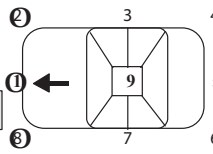
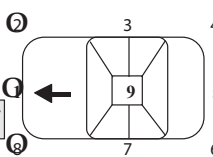


Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts				RMV Document Number _____							
Date of Crash 11/04/2019	Time of Crash 16:39 <div>24HR</div>	City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____				
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:								
<div>SOUTH LAGRANGE ST</div> <div>Route# Direction Name of Roadway/Street At</div> <div>EAST VINE ST</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 <u> 1 </u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001136							
License # --- St MA DOB/Age ---- Sex F Lic. Class D CDL B Endorsment SAO LIN Operator LEE Last First Middle Address 8 SOUTH HOBART LN City BRIGHTON State MA Zip 02135 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 837KK5 Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 1 Owner LEE EDWARD Last First Middle Address 8 SOUTH HOBART ST City BRIGHTON State MA Zip 02135 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence Most Harmful Event Driver Contributing Code Underride/Override Towed Y 									
Please fill out for operator and all occupants involved													
Name (Last First Middle)	Address		Age/DOB	Sex	Seat Pos.	Safety System	Airbag Status	Airbag Switch	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator	See Above					99	1	99	0	0	10	1	
Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 <u> 1 </u> #Occupants		<input type="checkbox"/> Non-Motorist A Type		Action	Location	Condition	<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # --- St MA DOB/Age ---- Sex M Lic. Class D CDL 1 Endorsment PIERRE YVES Operator PIERRE YVES Last First Middle Address 1045 RIVER ST (apt. 31) City HYDE PARK State MA Zip 02136 Insurance Company LM GENERAL Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 8LD666 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 1 Owner GARCIA CAROLE BLANC Last First Middle Address 1045 (apt. 31) RIVER ST City HYDE PARK State MA Zip 02136 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence Most Harmful Event Driver Contributing Code Underride/Override Towed Y 									
Please fill out for operator and all occupants involved													
Name (Last First Middle)	Address		Age/DOB	Sex	Seat Pos.	Safety System	Airbag Status	Airbag Switch	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Non-Motorist	See Above					99	1	99	0	0	8	2	BOSTON MEDICAL CENT

