

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																		
Date of Crash 11/11/2019		Time of Crash 12:12 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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																																																													
<div>11</div> <div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>210</div> <div>NORTH 14 COOK ST</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 _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div> <div>211</div>								10																																																													
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<div>3</div> <div><input checked="" type="checkbox"/> Vehicle 1 1 #Occupants</div>				<div><input type="checkbox"/> Hit/Run</div>		<div><input type="checkbox"/> Moped</div>		Case Number 190001158																																																																	
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator STELLATO ANGELO</div> <div>Address 4 SOLAR RD.</div> <div>City BILLERICA State MA Zip 01821</div> <div>Insurance Company SELF INSURED</div>				<div>Reg # M95740 Reg Type MVN Reg State MA</div> <div>Veh Year 2016 Veh Make FORD Veh Config. 1 20</div> <div>Owner CITY OF NEWTON</div> <div>Address 110 CRAFTS ST</div> <div>City NEWTON State MA Zip 02458</div> <div>Vehicle Action Prior to Crash 10 21</div> <div>Event Sequence 35 22 22 22 22 2</div> <div>Most Harmful Event 35 23</div> <div>Driver Contributing Code 18 24 24</div> <div>Underride/Override 25 Towed Y</div> <div>12</div>								12																																																													
<div>5</div> <div>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>				<div>Diagram: 10 Undercarriage, 5 11 Totaled</div> <div>13</div>								13																																																													
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<div>71</div> <div>Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants</div>				<div><input type="checkbox"/> Non-Motorist A Type 14</div>		<div>Action 15</div>		<div>Location 16</div>		<div>Condition 17</div>		<div><input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>																																																													
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