

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/12/2019	Time of Crash 14:27 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"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
<div>11Route# Direction Name of Roadway/Street At</div> <div>22Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 527 WASHINGTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>11Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</div> <div>12Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W 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 1900001167	
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>ORTIZ</u> <u>MANUEL</u> <u>A</u> Address <u>7 REV. ROBERT M COSTELLO PL</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02122</u> Insurance Company <u>PROGRESSIVE DIRECT INSURANCE</u>			Reg # <u>53R410</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2003</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>2</u> <u>23</u> Driver Contributing Code <u>99</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			<div>1310 Undercarriage 5 11 Totaled</div> <div>1415161718192021222324252627282930313233343536373839404142434445464748495051525354555657585960616263646566676869707172737475767778798081828384858687888990919293949596979899100</div>							
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							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>LIBERTY MUTUAL INSURANCE</u>			Reg # <u>IC92NN</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>BMW</u> Veh Config. <u>2</u> <u>20</u> Owner <u>FULP</u> <u>CAROL</u> <u>N</u> Address <u>54 COMMONWEALTH AVE</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02116</u> Vehicle Action Prior to Crash <u>11</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			<div>1310 Undercarriage 5 11 Totaled</div> <div>1415161718192021222324252627282930313233343536373839404142434445464748495051525354555657585960616263646566676869707172737475767778798081828384858687888990919293949596979899100</div>							
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Operator/Non-Motorist			See Above							

