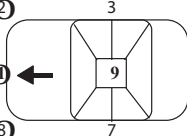
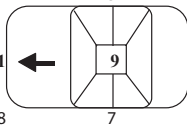


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/17/2019	Time of Crash 12:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 2	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local 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>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 109 FALMOUTH RD</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of • or Exit Number</div> <div>Feet NSEW of</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001178			
License # --- St MA DOB/Age ---			Reg # 81A170		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2001		Veh Make HONDA		Veh Config. 1 20			
Operator RAMIREZ JARED Last First Middle			Owner RAMIREZ JENNIFER Last First Middle							
Address 353 LINWOOD AVE			Address 353 LINWOOD AVE							
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02460							
Insurance Company INTEGON NATIONAL INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSEW Responding to Emergency? N			Event Sequence 20 22 21 22 22 22 22				10 Undercarriage 5 11 Totaled			
Citation # (If Issued) T2015498			Most Harmful Event 21 23		Driver Contributing Code 2 24 24					
Violation 1: Ch 90/174 Sec Violation 2: Ch 89/4A Sec			Underride/Override 25		Towed Y					
Violation 3: Ch Sec Violation 4: Ch Sec										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.	
Operator			See Above		---		---		27 Safety System	
MICHAUD, ASHLEY			104 PROSPECT HILL RD (apt B) WALTHAM, MA 02451		---		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 type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # ---		Reg Type ---		Reg State ---			
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year ---		Veh Make ---		Veh Config. 20			
Operator --- Last First Middle			Owner --- Last First Middle							
Address ---			Address ---							
City --- State --- Zip ---			City --- State --- Zip ---							
Insurance Company ---			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSEW Responding to Emergency? ---			Event Sequence 22 22 22 22 22				10 Undercarriage 5 11 Totaled			
Citation # (If Issued) ---			Most Harmful Event 23		Driver Contributing Code 24 24					
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25		Towed ---					
Violation 3: Ch Sec Violation 4: Ch Sec										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above		---		---		27 Safety System	
									28 Airbag Status	
									29 Airbag Switch	
									30 Eject Code	
									31 Trap Code	
									32 Injury Status	
									33 Transp. Code	
									Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

101 Falmouth Rd

P.O.I.

Unit 1

Falmouth Rd

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Operator 1 of vehicle 1 was on Falmouth Rd heading W/B and was going too quick around the corner, lost control and jumped the curb colliding with a tree in front of 101 Falmouth Rd. Moderate damage to the front of vehicle 1. No damage to the tree.

Minor Injuries to operator 1 and passenger 1. Vehicle towed by todys towing.

Operator was issued citation (T2015498) for c90s17 Speeding and c89s4A Marked Lanes violation.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

ROBERT A MARCH **NEWTON POLICE DEPT** **11/17/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00