

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																				
Date of Crash 11/27/2019	Time of Crash 14:00 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>16 WEST 675 WASHINGTON</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ Route# Intersecting Roadway/Street</div> <div>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ Landmark</div>							9 10 11 4																																																																	
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001218																																																																		
License # --- St <u>MA</u> DOB/Age --- Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>QUINT</u> <u>RUTH</u> <u>C</u> Address <u>99 NEEDHAM STREET (apt. 1215)</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02461</u> Insurance Company <u>PLYMOUTH ROCK</u>			Reg # <u>6SB554</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>LEXUS</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>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>N</u>							12																																																																	
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