

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/27/2019	Time of Crash 18:06 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	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:				
Route# Direction Name of Roadway/Street At			SOUTH 35 WASHBURN ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				Route# Direction Name of Roadway/Street Feet N S E W of				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001220		
License # --- St MA DOB/Age ---			Reg # 7AD355 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make KIA Veh Config. 2			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment		
Operator CLAFLIN JOHN Last First Middle			Owner CITY OF NEWTON Last First Middle			Address 1321 WASHINGTON STREET			City NEWTON State MA Zip 02465		
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 7 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 10 22 22 22 22 2		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Most Harmful Event 10 23			Driver Contributing Code 9 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator See Above					
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 ---			Veh Year --- Veh Make --- Veh Config. 20			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		
Operator --- Last First Middle			Owner --- Last First Middle			Address ---			City --- State --- Zip ---		
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 2		
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