

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/02/2019	Time of Crash 10:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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:					
WEST PELHAM ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
SOUTH CENTRE ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001236	
License # _____ St MA DOB/Age _____			Reg # 1NY968 Reg Type PAN Reg State MA			Veh Year 2003 Veh Make CHEVY Veh Config. 2 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner DIAZ MINELLI F			Address 173 BEACON HILL AVE				
Operator DELEON EVER DELEON			City LYNN State MA Zip 01902			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)	
Address 173 BEACON HILL AVE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
City LYNN State MA Zip 01902			Underride/Override 25			Towed N			10 Undercarriage 5 11 Totaled	
Insurance Company COMMERC INSURANCE			Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	
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. 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 checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age _____			Reg # 8CN656 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner (Same as operator)			Address _____				
Operator RODRIGUEZ EDWIN L			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Address 412 SARATOGA ST (apt. 1)			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 18 24 99 24	
City EAST BOSTON State MA Zip 02128			Underride/Override 25			Towed N			10 Undercarriage 5 11 Totaled	
Insurance Company GEICO			Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	
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. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator/Non-Motorist See Above							

