

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/02/2019		Time of Crash 22:24 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:						9	
Route# Direction Name of Roadway/Street At				EAST WASHINGTON ST		Route# Direction Address # Name of Roadway/Street						2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet X S E W of RT. 128 NORTHBOUND ON RAM						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street						3	
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 190001240					
License # --- St MA DOB/Age ---				Reg # 24819		Reg Type TAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012		Veh Make TOYOTA		Veh Config. 1 20					
Operator PROSPER SAMSON				Owner TAURUS TAXI INC									12
Address 55 GEORGETOWN PL				Address 209 TUDOR ST									
City HYDE PARK State MA Zip 02136				City S BOSTON State MA Zip 02127									
Insurance Company PROTECTIVE INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved													13
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					1
Operator See Above				-----		1 4 99 0 0 10 1							
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 # 7AL516		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make NISSAN		Veh Config. 1 20					
Operator ROSEN NORMAN				Owner ALCANTARA ALBA									
Address 300 CODMAN HILL RD (apt. 33C)				Address 4 (apt. 4) CURWIN CIR									
City BOXBOROUGH State MA Zip 01719				City LYNN State MA Zip 01905									
Insurance Company PLYMOUTH ROCK ASSURANCE CORP				Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 12 24 19 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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				-----		1 4 99 0 0 10 1							

