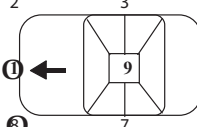
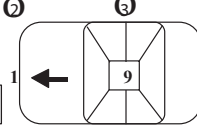


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/05/2019	Time of Crash 17:57 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>SOUTH</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>WEST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			<b>2</b> 9 <b>2</b> 10 <b>11</b> 3 <b>12</b> 13							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 1900001250							
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>M</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>DAVIS</u> <u>ROBERT</u> <u>A</u> Address <u>37 AUTUMN LANE</u> City <u>WALTHAM</u> State <u>MA</u> Zip <u>02451</u> Insurance Company <u>THE STANDARD FIRE INS.</u>			Reg # <u>FF7119</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>2</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 <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>1</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
Vehicle Travel Direction: <u>N</u> <u>S</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>N</u> 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			13 1							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>HOLMES</u> <u>EDWIN</u> <u></u> Address <u>30 CRESTWOOD DR</u> City <u>WELLESLEY</u> State <u>MA</u> Zip <u>02481</u> Insurance Company <u>THE COMMERCE INS.</u>			Reg # <u>2HD534</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>VOLV</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>4</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 <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>19</u> <u>24</u> <u>18</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
Vehicle Travel Direction: <u>N</u> <u>S</u> <u>E</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>N</u> 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			13 1							
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Operator/Non-Motorist See Above										

