

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/06/2019		Time of Crash 14:16 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:						9	
Route# Direction Name of Roadway/Street At				WEST 1309 WASHINGTON ST		Route# Direction Address # Name of Roadway/Street						2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ or _____ Exit Number		Feet N S E W of _____ Mile Marker _____ Exit Number						10	
Route# Direction Name of Intersecting Roadway/Street				.1 Feet N S E W of _____		CHESTNUT STREET Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001254						3	
License # --- St MA DOB/Age ---				Reg # STJ711 Reg Type STN Reg State MA				Veh Year 2019 Veh Make FORD Veh Config. 2				20	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make FORD Veh Config. 2				Owner COMMONWEALTH OF MASS.				12	
Operator GRACE CORNELIUS J				Address 1 ASHBURTON RM.#1017				City BOSTON State MA Zip 02108				1	
Address 96 STAR STREET				City FALL RIVER State MA Zip 02724				Insurance Company SELF INSURED				5	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				Damaged Area Code: (Circle Up to Three)				13	
Citation # (If Issued) _____				Most Harmful Event 1 23				Driver Contributing Code 1 24 24				1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed N				Vehicle Action Prior to Crash 11 21				2	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Please fill out for operator and all occupants involved				Event Sequence 1 22 22 22 22				2	
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				Operator Gladstone Stephanie				8	
Operator				See Above				Operator Gladstone Stephanie				2	
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 # A878 Reg Type PAN Reg State MA				13	
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2019 Veh Make BMW Veh Config. 2				Owner (Same as operator)				20	
Operator GLADSTONE STEPHANIE				Address _____				City _____ State _____ Zip _____				1	
Address 62 WEBSTER ST				City NEWTON State MA Zip 02465				Insurance Company AMICA MUTUAL				5	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22				Damaged Area Code: (Circle Up to Three)				13	
Citation # (If Issued) _____				Most Harmful Event 2 23				Driver Contributing Code 1 24 24				1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed N				Vehicle Action Prior to Crash 1 21				2	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Please fill out for operator and all occupants involved				Event Sequence 2 22 22 22 22				2	
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				Operator Gladstone Stephanie				8	
Operator/Non-Motorist				See Above				Operator Gladstone Stephanie				2	

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Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:		Registration # _____ (From Vehicle Section)	
Carrier Name _____		Carrier Issuing Authority Code 35	
Address _____		City _____	St _____ Zip _____
US DOT #: _____		State Number _____	Issuing State _____ ICC #: _____ Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight 38		
Trailer Reg #: _____		Reg Type _____	Reg State _____ Reg Year _____ Trailer Length 39
Hazmat Information:			
Placard 40	Material 1 digit # 41	Material Name _____	Material 4 digit # _____ Release code 42

CDP1 11 -24:00