

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/02/2020		Time of Crash 18:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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:							
<div>WEST BEACON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>EAST WASHINGTON ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000006					
License # MA St MA DOB/Age ---				Reg # 918CS9 Reg Type PAN Reg State MA									
Sex M Lic. Class D M Lic. Restrictions B CDL Endorsment				Veh Year 2005 Veh Make BUIC Veh Config. 1									
Operator WEIDMAN TIMOTHY J				Owner (Same as operator)									
Address 30 ALBEE RD				Address									
City UXBRIDGE State MA Zip 01569				City State Zip									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 4 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 4 23				1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 99 24 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				8 7 6					
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				-----				1 4 4 0 0 10 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle Occupants				<input checked="" type="checkbox"/> Non-Motorist A Type 2		Action 1		Location 1		Condition 1		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # MA St MA DOB/Age ---				Reg # Reg Type Reg State									
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year Veh Make Veh Config. 20									
Operator STRASSMAN MICHAEL D				Owner									
Address 250 GLEN RD				Address									
City WESTON State MA Zip 02493				City State Zip									
Insurance Company				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 23				1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24				5 11 Totaled					
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Operator/Non-Motorist See Above				-----				8 2 NEWTON-WELLESLEY H					

[illegible]

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

RAYMOND H CHIEU			NEWTON POLICE DEPARTM		01/02/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					