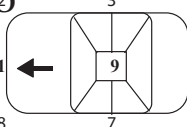
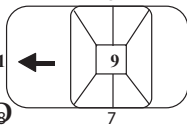


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/16/2020	Time of Crash 20:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div><div>SOUTH</div><div>WALNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>STONEY BREA RD</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>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of _____ • _____ or _____</div><div>Mile Marker Exit Number</div><div>Feet N S E W of _____</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of _____</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000060			
License # --- St MA DOB/Age ---			Reg # 764WWE		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016		Veh Make HONDA		Veh Config. 2 20			
Operator KATZ HARRIET J			Owner (Same as operator)							
Address 28 CONSIDINE RD			Address							
City NEWTON State MA Zip 02459			City		State		Zip			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y			
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			-----		1 1 4 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 1RZC98		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 1997		Veh Make TOYOTA		Veh Config. 1 20			
Operator FERNANDEZ LUCAS			Owner (Same as operator)							
Address 934 WATERTOWN STREET			Address							
City NEWTON State MA Zip 02465			City		State		Zip			
Insurance Company USAA CASUALTY			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				10 Undercarriage 11 Totaled			
Citation # (If Issued) T2013115			Most Harmful Event 1 23		Driver Contributing Code 4 24 24		Underride/Override 25 Towed Y			
Violation 1: Ch 89/8 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			-----		1 4 4 0 0 9 1					
RUSH, DAVID, A			116 SPRING ST (apt C3) WEST ROXBURY, MA 02132		M 3 1 4 4 0 0 10 1					

