

|   |  |                                  |                               |                                |  |  |                     |                         |                        |   |  |  |  |
|---|--|----------------------------------|-------------------------------|--------------------------------|--|--|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only   |  |                                  | Commonwealth of Massachusetts |                                |  |  | RMV Document Number |                         |                        |   |  |  |  |
| Date of Crash<br>01/18/2020   |  | Time of Crash<br>14:09<br>24HR   |                               | City/Town<br>NEWTON            |  | Motor Vehicle Crash<br>Police Report   |                     | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 30<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |  |                                  |                               | < LOCATION >                   |  | NOT AT INTERSECTION:   |                     |                         |                        |   |  |  |  |
| <div>11Route# Direction Name of Roadway/Street<br/>At</div> <div>22Route# Direction Name of Intersecting Roadway/Street<br/>Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>  |  |                                  |                               |                                |  | <div>29SOUTH 145 LEXINGTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>11Feet N S E W of _____ • _____ or _____<br/>Mile Marker Exit Number</div> <div>12Feet N S E W of _____<br/>Route# Intersecting Roadway/Street</div> <div>13Feet N S E W of _____<br/>Landmark</div>   |                     |                         |                        |   |  |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants  |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped |  | Case Number 2000000066   |                     |                         |                        |   |  |  |  |
| <div>41License # _____ St _____ DOB/Age _____<br/>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____<br/>Operator _____ Last First Middle<br/>Address _____<br/>City _____ State _____ Zip _____<br/>Insurance Company GOVT EMPLOYEE INS</div> <div>5Vehicle Travel Direction: N X E W Responding to Emergency? N<br/>Citation # (If Issued) _____<br/>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br/>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div> |  |                                  |                               |                                |  | <div>12Reg # 4HN257 Reg Type PAN Reg State MA<br/>Veh Year 2011 Veh Make TOYT Veh Config. 1 20<br/>Owner DELLE KATHERINE L<br/>Address 3 SHENANDOAH DR<br/>City PAXTON State MA Zip 01612<br/>Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)<br/>Event Sequence 1 22 20 22 22 22 2 Most Harmful Event 1 23<br/>Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y<br/>10 Undercarriage 11 Totaled</div> |                     |                         |                        |   |  |  |  |
| Please fill out for operator and all occupants involved   |  |                                  |                               |                                |  | <div>1326 27 28 29 30 31 32 33<br/>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</div> <div>Operator See Above -----</div>   |                     |                         |                        |   |  |  |  |
| 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   |  |                                  |                               |                                |  |  |                     |                         |                        |   |  |  |  |
| <div>81License # --- St MA DOB/Age ---<br/>Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____<br/>Operator GERMANO ANTHONY R<br/>Address 112 FORSYTH RD<br/>City ABINGTON State MA Zip 02351<br/>Insurance Company GREEN MOUNTAIN INS</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? N<br/>Citation # (If Issued) _____<br/>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br/>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>     |  |                                  |                               |                                |  | <div>12Reg # NE40VP Reg Type PAN Reg State MA<br/>Veh Year 2019 Veh Make LEXS Veh Config. 2 20<br/>Owner TRUST TOYOTA LEASE<br/>Address PO BO 105386<br/>City ATLANTA State GA Zip 30348<br/>Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)<br/>Event Sequence 2 22 22 22 22 22 2 Most Harmful Event 2 23<br/>Driver Contributing Code 11 24 24 Underride/Override 25 Towed Y<br/>10 Undercarriage 11 Totaled</div>  |                     |                         |                        |   |  |  |  |
| Please fill out for operator and all occupants involved   |  |                                  |                               |                                |  | <div>26 27 28 29 30 31 32 33<br/>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</div> <div>Operator/Non-Motorist See Above ----- 1 1 99 0 0 10 1 NONE</div>   |                     |                         |                        |   |  |  |  |

