

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/12/2020		Time of Crash 18:21 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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				EAST 527 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11		
Route# Direction Name of Intersecting Roadway/Street												4		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000145					3	
License # --- St MA DOB/Age ---				Reg # 2RN759 Reg Type PAN Reg State MA									12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2005 Veh Make TOYT Veh Config. 1 20									1	
Operator GILLIS MICHAEL Last First Middle				Owner (Same as operator) Last First Middle									1	
Address 48 COFFEY ST (apt. 6D)				Address _____										
City DORCHESTER State MA Zip 02122				City _____ State _____ Zip _____										
Insurance Company COMMERCE INS				Vehicle Action Prior to Crash 5 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 2				10 Undercarriage 5 11 Totaled						
Citation # (If Issued) _____				Most Harmful Event 1 23										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved													13	
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									1	
Operator See Above				99 4 99 0 0 10 1 N/A										
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 # 3ZLJ90 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012 Veh Make NISS Veh Config. 2 20										
Operator SHULTZ BRANDON Last First Middle				Owner KEILTY KAREN Last First Middle										
Address 254 BROWN ST				Address 12 FENTON ST										
City WALTHAM State MA Zip 02453				City WALTHAM State MA Zip 02451										
Insurance Company LIBERTY MUTUAL INS				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 2				10 Undercarriage 5 11 Totaled						
Citation # (If Issued) _____				Most Harmful Event 1 23										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved														
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/Non-Motorist See Above				99 4 99 0 0 10 1 N/A										

♀ Pedestrian

[illegible]

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

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

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CDP1 11 ·24·00