

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/19/2020		Time of Crash 13:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 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 200 BOYLSTON 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	7
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000170							
License # --- St MA DOB/Age ---				Reg # 4WR119 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20									
Operator GLENNON DANIELLE Last First Middle				Owner (Same as operator) Last First Middle									
Address 37 ACADIA AVE				Address _____									
City DEDHAM State MA Zip 02026				City _____ State _____ Zip _____									
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 11 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				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled					
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 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 checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St DOB/Age ---				Reg # _____ Reg Type UNKNOWN Reg State XX									
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year UNKN Veh Make UNKNOWN Veh Config. 2 20									
Operator UNKNOWN UNKNOWN UNKNOWN Last First Middle				Owner (Same as operator) Last First Middle									
Address UNK UNK				Address _____									
City UNK State XX Zip UNK				City _____ State _____ Zip _____									
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 2 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled					
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 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				-----				99 99 99 0 0 99 99					

[illegible]

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

JUAN M GARCIA			NEWTON POLICE DEPARTM		02/19/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					