

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/03/2020		Time of Crash 09:12 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9	
Route# Direction Name of Roadway/Street At				NORTH 1498 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 200000208								7	
License # --- St MA DOB/Age ---				Reg # 139HD6 Reg Type PAN Reg State MA								12	
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2010 Veh Make HONDA Veh Config. 1 20								1	
Operator ZOU MARIE J				Owner (Same as operator)								12	
Address 1498 CENTRE ST				Address _____								1	
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____								13	
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)								2	
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 3 4								10 Undercarriage	
Citation # (If Issued) _____				Most Harmful Event 2 23 1 9 5 11 Totaled								6	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24								1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33								2	
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 See Above --- --- 99 4 99 0 0 10 1									
Operator													
7				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								1	
License # --- St MA DOB/Age ---				Reg # T97055 Reg Type CON Reg State MA								13	
Sex M Lic. Class B 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2017 Veh Make FORD Veh Config. 2 20								1	
Operator SULLIVAN PAUL L				Owner ENTERPRISE FM TRUST								1	
Address 265 BROOKLINE ST				Address 600 CORPORATE PK DR									
City NEEDHAM State MA Zip 02492				City ST LOUIS State MO Zip 63105									
Insurance Company TRAVELERS				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4								10 Undercarriage	
Citation # (If Issued) _____				Most Harmful Event 1 23 1 9 5 11 Totaled									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33									
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									
Operator/Non-Motorist													

