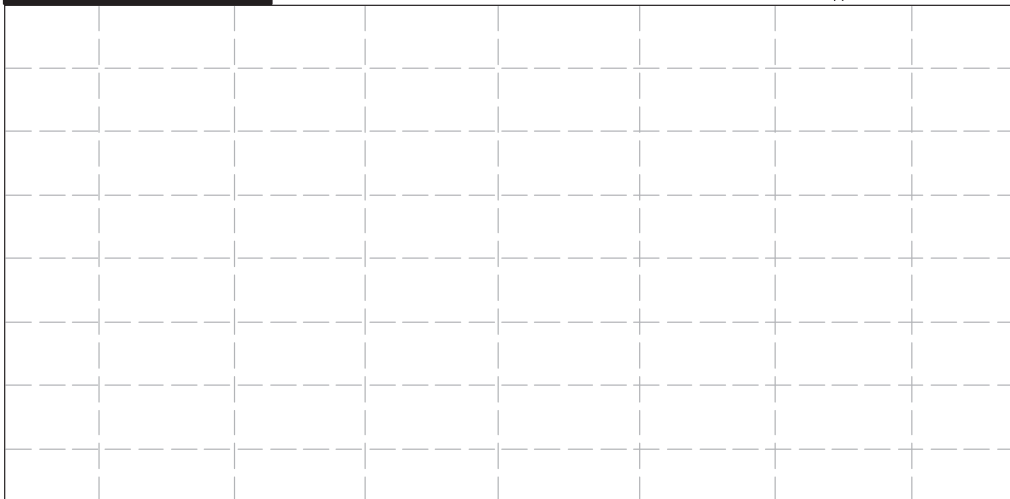


Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 05/16/2020		Time of Crash 10:57 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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 23 LAKEWOOD RD 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 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000298			3			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company USAA CASUALTY				Reg # 1JH882 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. [1][20] Owner DIMATTIA PAUL Address 65 WALKER ST City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [1][22][22][22][22] 2 3 4 Most Harmful Event [1][23] 10 Undercarriage Driver Contributing Code [1][24][24] 5 11 Totaled Underride/Override [25] Towed N								12				
5				Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				6				1				
6				Please fill out for operator and all occupants involved				13				2				
Operator				See Above				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator				See Above				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator				See Above				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator				See Above				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
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		13
8				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped										2
License # --- St MA DOB/Age --- Sex M Lic. Class [D][18][18] Lic. Restrictions [9][19] CDL _____ Operator OLSON ROBERT Address 23 LAKEWOOD RD City NEWTON State MA Zip 02461 Insurance Company SAFETY				Reg # 91SJ47 Reg Type PAN Reg State MA Veh Year 2017 Veh Make LAND ROVER Veh Config. [2][20] Owner OLSON AND ASSOC ROBERT Address 374 CONGRESS ST City BOSTON State MA Zip 02210 Vehicle Action Prior to Crash [10][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 3 4 Most Harmful Event [2][23] 10 Undercarriage Driver Contributing Code [99][24][24] 5 11 Totaled Underride/Override [25] Towed N								13				
Please fill out for operator and all occupants involved				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				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				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				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				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

colored scrape on driver's side upper rear end. Mv#1 is dark blue. Mv#2 is bronze.

Both parties agreed to exchange information. Both parties were advised the matter would be documented and to proceed further with their respective insurance companies.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

05/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date