

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/09/2020		Time of Crash 10:18 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:					
<div><div>EAST</div><div>LINWOOD AVE</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>WALNUT ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>						<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000320							
License # --- St MA DOB/Age ---						Reg # PH7424 Reg Type PAS Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2015 Veh Make CHEVY Veh Config. 2 20							
Operator RAVESCROFT ROBERT S						Owner (Same as operator)							
Address 31 PROSPECT STREET						Address							
City FALL RIVER State MA Zip 02720						City State Zip							
Insurance Company UNITED SERVICES						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N						Event Sequence 1 22 22 22 22 2 3 4							
Citation # (If Issued)						Most Harmful Event 1 23							
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						13							
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						1							
Operator See Above													
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 # 2FR218 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20							
Operator MASSOTE VINICIUS						Owner (Same as operator)							
Address 15 BISHOP DRIVE						Address							
City FRAMINGHAM State MA Zip 01702						City State Zip							
Insurance Company ALLSTATE INSURANCE						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 3 4							
Citation # (If Issued) T0644894						Most Harmful Event 1 23							
Violation 1: Ch 89/9 Sec Violation 2: Ch Sec						Driver Contributing Code 20 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 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						1							
Operator/Non-Motorist See Above													

JUAN M GARCIA			NEWTON POLICE DEPARTM		06/09/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					