

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/10/2020	Time of Crash 12:49 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:			
SOUTH FAIRWAY DR										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ or _____				Mile Marker Exit Number			
WEST WATERTOWN ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street			
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street							Landmark			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000321	
License # --- St MA DOB/Age ---			Reg # 6426 Reg Type MVN Reg State MA			Veh Year 2009 Veh Make FORD Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner CITY OF NEWTON FIRE			Address 1164 CENTRE ST				
Operator MANNING GLENN			Address 1000 COMM AVE			City NEWTON State MA Zip 02465				
Insurance Company SELF			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			10 Undercarriage	
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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 0 #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 DOB/Age ---			Reg # 1PD172 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make ACUR Veh Config. 2 20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner WILKINSON GABRIELLA G			Address 767 WATERTOWN ST				
Operator _____			City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)	
Address _____			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			10 Undercarriage	
City _____ State _____ Zip _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			5 11 Totaled	
Insurance Company INTEGON NATIONAL										
Vehicle Travel Direction: N X E W Responding to Emergency? N										
Citation # (If Issued) _____										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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			-----			1 4 4 0 0 10 1				

[illegible]

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

JASON M. SCHLEGEL			NEWTON POLICE DEPT#3		06/10/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					