

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 06/24/2020		Time of Crash 01:18 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 35 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 1974 WASHINGTON 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 11 4				
1 4		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000340				
License # --- St MA DOB/Age --- Sex F Lic. Class B 18 M 18 Lic. Restrictions L 19 CDL P Operator SCOON ANJENNY Address 29 MAPLE AVE City HOLBROOK State MA Zip 02343 Insurance Company PILGRIM				Reg # 8369A Reg Type APN Reg State MA Veh Year 2014 Veh Make SETR Veh Config. 4 20 Owner A YANKEE LINE INC Address 370 WEST FIRST STREET City BOSTON State MA Zip 02127 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12				
5 6 1				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 _____				Please fill out for operator and all occupants involved								13 1
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 ----- --- 1 4 4 0 0 9 1												
7 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
8 2				License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator HAHM CHRISTIAN T Address 21 PUTNAM ST City NEWTON State MA Zip 02465 Insurance Company COMMERCE 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 _____				Reg # 378TS1 Reg Type PAN Reg State MA Veh Year 2015 Veh Make GMC Veh Config. 2 20 Owner HAHM SEUNG W Address 21 PUTNAM ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 21 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 1 Totaled								
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 ----- --- 1 3 4 0 0 9 1												

