

# Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts										RMV Document Number		
Date of Crash 06/27/2020	Time of Crash 04:04 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								9
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				NORTH 564 HAMMOND ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										2
														10
														11
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000348								1
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL Operator FLANAGAN ANDREA JAONN Address 43 GAINESVILLE RD City DEDHAM State MA Zip 02026 Insurance Company COMMERCE Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) T2014141 Violation 1: Ch 90/24 Sec Violation 2: Ch 90/24 Sec Violation 3: Ch 89/4A Sec Violation 4: Ch Sec				Reg # 926ZE2 Reg Type PAN Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 20 22 35 22 22 22 2 Most Harmful Event 35 23 Driver Contributing Code 10 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled										12
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Operator See Above --- 99 4 99 0 0 10 1 NONE										13
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped														20
License # --- St DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed 10 Undercarriage 11 Totaled										
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Operator/Non-Motorist See Above --- --- ---										

