

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/31/2020		Time of Crash 13:41 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 2014 WASHINGTON ST 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 _____ NEWTON WELLESLEY HOSPITAL								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [X][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 2000000417								4	
1				License # _____ St _____ DOB/Age _____ Reg # MF462 Reg Type MVN Reg State MA Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Veh Year 2006 Veh Make PIERRE Veh Config. [6][20] Operator _____ Last _____ First _____ Middle _____ Owner CITY OF NEWTON FIRE Address _____ Last _____ First _____ Middle _____ City _____ State _____ Zip _____ Address 1164 CENTRE ST City NEWTON State MA Zip 02459 Insurance Company _____ Vehicle Action Prior to Crash [11][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] 10 Undercarriage Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code [1][24][24] 5 11 Totaled Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override [25] Towed N 8 9 6								12	
6				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												2	
Operator See Above													
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] <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped									
8				License # --- St MA DOB/Age --- Reg # VT18811 Reg Type PAS Reg State MA Sex M Lic. Class [D][18][18] Lic. Restrictions [B][19] CDL _____ Veh Year 2002 Veh Make TOYOTA Veh Config. [1][20] Operator O'DONNELL STEPHEN RICHARD Endorsment Address 38 MCDEVITT RD Owner (Same as operator) City RANDOLPH State MA Zip 02368 City _____ State _____ Zip _____ Insurance Company PREFERRED MUTUAL Vehicle Action Prior to Crash [9][21] Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N Event Sequence [2][22][22][22][22] 3 4 Citation # (If Issued) _____ Most Harmful Event [2][23] 10 Undercarriage Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code [97][24][24] 5 11 Totaled Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override [25] Towed N 8 7 6									
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													

♀ Pedestrian

[illegible]

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

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

42

CDP1 11 -24:00