

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/17/2020	Time of Crash 17:52 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 1180 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000455			
License # _____ St MA DOB/Age _____			Reg # 2L5668		Reg Type MCN		Reg State MA			
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2004		Veh Make HONDA		Veh Config. 3 20			
Operator MO TIMOTHY			Owner (Same as operator)							
Address 40 ALDEN PL			Address _____							
City NEWTON State MA Zip 02465			City _____ State _____ Zip _____							
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 5 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 43 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 43 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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			-----		5 5 99 3 0 8 2		NEWTON-WELLESLEY			
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			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. 20			
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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			-----		-----					



