

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/05/2020	Time of Crash 16:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 30 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:				
EAST BEACON ST Route# Direction Name of Roadway/Street At SOUTH CHESTNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000641		
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BENAVIDEZ OSCAR Address 91 SHAW RD City BROOKLINE State MA Zip 02467 Insurance Company THE STANDARD FIRE INSURANCE COMPANY			Reg # 1LLJ57 Reg Type PAN Reg State MA Veh Year 2019 Veh Make VOLVO Veh Config. 2 20 Owner TAVERAS ELSIE Address 91 SHAW RD City BROOKLINE State MA Zip 02467 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 4 22 22 22 22 2 Most Harmful Event 4 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								
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 _____			10 Undercarriage 11 Totaled								
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 type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 2 14			Action 1 15			Location 8 16		
									Condition 1 17		
									<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St --- DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator GLASSMAN JEFFERY Address 1 FRANKLIN ST (apt. 5506) City BOSTON State MA Zip 02110 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 _____								
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			-----			--- --- 9 1		

