

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/11/2020		Time of Crash 17:04 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9			
Route# Direction Name of Roadway/Street At				WEST 1229 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 X E W of _____ Route# Intersecting Roadway/Street ENTERPRISE RENT-A-CAR Landmark								2 10 11 6			
1 3		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000729			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BONTEMPO JOSEPH Address 420 FULLER ST City NEWTON State MA Zip 02465 Insurance Company SAFETY INSURANCE				Reg # 8CX913 Reg Type PAN Reg State MA Veh Year 2018 Veh Make VOLVO Veh Config. 2 20 Owner VCFS AUTO LEASIN Address PO BOX 91300 City MOBILE State AL Zip 36691 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 18 24 24 Underride/Override 25 Towed N								12			
Vehicle Travel Direction: N X E 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								13			
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								1			
Operator				See Above											
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	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator BENFIELD PETER Address 865 CENTRAL AVE (apt. 1402) City NEEDHAM State MA Zip 02492 Insurance Company AMICA				Reg # JF156F Reg Type PAS Reg State MA Veh Year 2018 Veh Make BMW Veh Config. 1 20 Owner FINANCIAL SERVICE VEHICLE Address 5550 BRITTON PKWY City HILLARD State OH Zip 43026 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								13			
Vehicle Travel Direction: N S E X 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											
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Operator/Non-Motorist				See Above											

