

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/31/2021	Time of Crash 16:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:			
CENTRE ST										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000392	
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>EV5244</u> Reg Type <u>PAS</u> Reg State <u>MA</u>			Veh Year <u>2019</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>20</u>				
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Endorsement _____			Operator <u>CHOU</u> <u>BONNIE</u> <u>B</u>			Owner <u>(Same as operator)</u>				
Address <u>5 MEADOWS LN</u>			City <u>BELMONT</u> State <u>MA</u> Zip <u>02478</u>			Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
Insurance Company <u>AMERICAN FAMILY CONNECT PROPERTY</u>			Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>			10 Undercarriage	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event <u>1</u> <u>23</u>			11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>Y</u>				
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			99 4 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>2GRV13</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2019</u> Veh Make <u>CHEV</u> Veh Config. <u>2</u> <u>20</u>				
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Endorsement _____			Operator <u>FUENTES</u> <u>JEAN</u> <u>C</u>			Owner <u>(Same as operator)</u>				
Address <u>618 BEECH ST</u>			City <u>ROSLINDALE</u> State <u>MA</u> Zip <u>02131</u>			Vehicle Action Prior to Crash <u>3</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
Insurance Company <u>PROGRESSIVE</u>			Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>			10 Undercarriage	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event <u>1</u> <u>23</u>			11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>				
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			99 4 99 0 0 10 1				

