

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number				
Date of Crash 09/17/2021	Time of Crash 08:49 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 type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 100 ELM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E 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 1 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 2100000719				
License # --- St MA DOB/Age ---		Reg # M3732A Reg Type MVN Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment	Veh Year 2019 Veh Make FORD Veh Config. 1 20							
Operator LANGKOPF BENJAMIN Last First Middle		Owner PUBLIC WORKS CITY OF NEWTON Last First Middle						
Address 11 CAROUSEL DR.		Address 110 CRAFTS ST						
City MILLBURY State MA Zip 01527		City NEWTON State MA Zip 02458						
Insurance Company SELF		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 Most Harmful Event 1 23		10 Undercarriage 11 Totaled				
Citation # (If Issued)		Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y						
Violation 1: Ch Sec Violation 2: Ch Sec								
Violation 3: Ch Sec Violation 4: Ch Sec								
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								
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 ---		Reg # T40779 Reg Type CON Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment	Veh Year 2018 Veh Make ISU Veh Config. 1 20							
Operator WILKEY DUANE HYKEEM Last First Middle		Owner RYDER TRUCK REN Last First Middle						
Address 545 ADAMS ST (apt. 22)		Address 329 JEFFERSON RD						
City BOSTON State MA Zip 02122		City ROCHESTER State NY Zip 14623						
Insurance Company ACE AMERICAN		Vehicle Action Prior to Crash 1 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 2 Most Harmful Event 2 23		10 Undercarriage 11 Totaled				
Citation # (If Issued)		Driver Contributing Code 1 24 24 Underride/Override 25 Towed N						
Violation 1: Ch Sec Violation 2: Ch Sec								
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Operator/Non-Motorist See Above								

