

## Motor Vehicle Crash Police Report

| Date of Crash<br>08/13/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | Time of Crash<br>08:26:00                   | City/Town<br>NEWTON | <b>Motor Vehicle Crash<br/>Police Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | Number<br>Vehicles<br>1 | Number<br>Injured<br>1 | Speed Limit<br>Latitude<br>Longitude | State Police<br>Local Police<br>MMA Police<br>Other |                       |                    |                    |                    |                    |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
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| <b>AT INTERSECTION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                             |                     | <b>&lt; LOCATION &gt;</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NOT AT INTERSECTION:</b> |                         |                        |                                      |                                                     |                       |                    |                    |                    |                    |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br><small>As</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                             |                     | EAST _____ WEST _____ TREMONT ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet [ N S E W ] of _____ Mile Marker _____ or _____ End Number _____<br>Feet [ N S E W ] of _____<br>Feet [ N S E W ] of _____<br>Landmark _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                         |                        |                                      |                                                     |                       |                    |                    |                    |                    |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br><small>Also at Intersection with</small>                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                         |                        |                                      |                                                     |                       |                    |                    |                    |                    |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                         |                        |                                      |                                                     |                       |                    |                    |                    |                    |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
| <input checked="" type="checkbox"/> Vehicle 1 _____ #Occupants _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <input checked="" type="checkbox"/> Hit/Run |                     | <input type="checkbox"/> Moped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             | Case Number: 180000781  |                        |                                      |                                                     |                       |                    |                    |                    |                    |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
| License # 521200755 St. MA DOB/Age _____<br>Sex M Lic. Class [ 1A ] [ 1B ] Lic. Restrictions [ 1A ] CDL _____<br>Operator DEBORA MICHAEL P Endorsement _____<br>Address 308 CALIFORNIA ST (apt. 12) _____<br>City NEWTON State MA Zip 02458<br>Insurance Company VERMONT MUTUAL<br>Vehicle Travel Direction: [ N ] [ S ] [ E ] [ W ] Responding to Emergency? _____<br>Citation # (if issued) K7704753<br>Violation 1: Ch. 89A Sec. _____ Violation 2: Ch. 90A Sec. _____<br>Violation 3: Ch. _____ Sec. _____ Violation 4: Ch. _____ Sec. _____ |           |                                             |                     | Reg # 803284 Reg Type PASS Reg State NH<br>Veh Year 2013 Veh Make JEEP Veh Config. [ 2 ] [ 2B ]<br>Owner ENTERPRISE Inc. _____<br>Address 528 SECOND ST _____<br>City MANCHESTER State NH Zip 03102<br>Vehicle Action Prior to Crash _____ Damaged Area Code: (Circle Up to Three)<br>Event Sequence [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] [ 6 ] [ 7 ] [ 8 ] [ 9 ] [ 10 ] [ 11 ] [ 12 ]<br>Most Harmful Event [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] [ 6 ] [ 7 ] [ 8 ] [ 9 ] [ 10 ] [ 11 ] [ 12 ]<br>Driver Contributing Code [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ] [ 6 ] [ 7 ] [ 8 ] [ 9 ] [ 10 ] [ 11 ] [ 12 ]<br>Underride/Override [ 1 ] [ 2 ] Towed Y                                                                                                                                                                                                           |                             |                         |                        |                                      |                                                     |                       |                    |                    |                    |                    |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
| Please fill out for operator and all occupants involved<br><small>Name Last First Middle Address</small>                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                             |                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Operator</th> <th>See Above</th> <th>Age/DOB</th> <th>Sex</th> <th>26<br/>Seat<br/>Pos.</th> <th>27<br/>Safety<br/>Belt</th> <th>28<br/>Airbag<br/>Status</th> <th>29<br/>Airbag<br/>Switch</th> <th>30<br/>Foot<br/>Code</th> <th>31<br/>Foot<br/>Code</th> <th>32<br/>Foot<br/>Code</th> <th>33<br/>Foot<br/>Code</th> <th>34<br/>Foot<br/>Code</th> <th>35<br/>Foot<br/>Code</th> <th>36<br/>Foot<br/>Code</th> <th>Medical<br/>Facility</th> </tr> </thead> <tbody> <tr> <td>Operator</td> <td>See Above</td> <td>-----</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td>---</td> <td></td> </tr> </tbody> </table>                           |                             |                         |                        |                                      |                                                     | Operator              | See Above          | Age/DOB            | Sex                | 26<br>Seat<br>Pos. | 27<br>Safety<br>Belt | 28<br>Airbag<br>Status | 29<br>Airbag<br>Switch | 30<br>Foot<br>Code | 31<br>Foot<br>Code | 32<br>Foot<br>Code | 33<br>Foot<br>Code | 34<br>Foot<br>Code | 35<br>Foot<br>Code | 36<br>Foot<br>Code | Medical<br>Facility | Operator              | See Above | ----- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |  |
| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | See Above | Age/DOB                                     | Sex                 | 26<br>Seat<br>Pos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27<br>Safety<br>Belt        | 28<br>Airbag<br>Status  | 29<br>Airbag<br>Switch | 30<br>Foot<br>Code                   | 31<br>Foot<br>Code                                  | 32<br>Foot<br>Code    | 33<br>Foot<br>Code | 34<br>Foot<br>Code | 35<br>Foot<br>Code | 36<br>Foot<br>Code | Medical<br>Facility  |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | See Above | -----                                       | ---                 | ---                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ---                         | ---                     | ---                    | ---                                  | ---                                                 | ---                   | ---                | ---                | ---                | ---                |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
| Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants _____ <input checked="" type="checkbox"/> Non-Motorist A. Type [ 1A ] Action [ 15 ] Location [ 16 ] Condition [ 17 ] <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped                                                                                                                                                                                                                                                                       |           |                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                         |                        |                                      |                                                     |                       |                    |                    |                    |                    |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
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| Operator/Non-Motorist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | See Above | Age/DOB                                     | Sex                 | 26<br>Seat<br>Pos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27<br>Safety<br>Belt        | 28<br>Airbag<br>Status  | 29<br>Airbag<br>Switch | 30<br>Foot<br>Code                   | 31<br>Foot<br>Code                                  | 32<br>Foot<br>Code    | 33<br>Foot<br>Code | 34<br>Foot<br>Code | 35<br>Foot<br>Code | 36<br>Foot<br>Code | Medical<br>Facility  |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |
| Operator/Non-Motorist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | See Above | -----                                       | ---                 | ---                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ---                         | ---                     | ---                    | ---                                  | ---                                                 | ---                   | ---                | ---                | ---                | ---                |                      |                        |                        |                    |                    |                    |                    |                    |                    |                    |                     |                       |           |       |     |     |     |     |     |     |     |     |     |     |     |     |  |

# Motor Vehicle Crash Report

**Shasha Hu**

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

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