

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/26/2019	Time of Crash 10:58 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 checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:								
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 160 STANTON AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 1900000872					
License # _____ St MA DOB/Age _____			Reg # 392R56 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make NISSAN Veh Config. 1 20					
Operator NEIMAN EUGENIA Last First Middle			Owner (Same as operator) Last First Middle			Address _____			Address _____					
City W NEWTON State MA Zip 02465			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Insurance Company CITIZENS			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled					
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		-----	---	---						10	1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # MF463 Reg Type MVN Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										Veh Year 2013 Veh Make E ONE Veh Config. 7 20				
Operator MCNAMARA BRIAN Last First Middle										Owner CITY OF NEWTON FIRE Last First Middle				
Address 1164 CENTRE ST										Address 1164 CENTRE ST				
City NEWTON State MA Zip 02459										City NEWTON State MA Zip 02459				
Insurance Company SELF INSURED										Vehicle Action Prior to Crash 1 21				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N										Event Sequence 2 22 22 22 22 2				
Citation # (If Issued) _____										Most Harmful Event 2 23				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Driver Contributing Code 1 24 24				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Underride/Override 25 Towed N				
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		-----	---	---	1	4	4	0	0	10	1	
BOORGEIS, JOHN		1164 CENTRE ST NEWTON, MA 02469		-----	M	3	1	4	4	0	0	10	1	
MAZZOLA, DARIO		1164 CENTRE STREET NEWTON, MA 02465		-----	M	4	1	4	4	0	0	10	1	
FRANK, JOE		1164 CENTRE ST NEWTON, MA 02459		-----	M	6	1	4	4	0	0	10	1	

