

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 01/13/2020	Time of Crash 14:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:											
<div><div>SOUTH</div><div>WALNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>WASHINGTON PK</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000045									
License # --- St MA DOB/Age ---			Reg # 7LY141		Reg Type PAN		Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016		Veh Make HONDA		Veh Config. 2 20									
Operator ULLMAN SONAL			Owner (Same as operator)													
Address 378 WALNUT ST			Address													
City NEWTONVILLE State MA Zip 02460			City State Zip													
Insurance Company ARBELLA			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4									
Citation # (If Issued)			Most Harmful Event 1 23		1		10 Undercarriage									
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8		11 Totaled									
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		6											
Please fill out for operator and all occupants involved			13													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			1													
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 # 6FK992		Reg Type PAN		Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018		Veh Make JEEP		Veh Config. 2 20									
Operator TAGER AIDAN			Owner CCAP AUTO LEASE													
Address 83 WABAN PK.			Address PO BOX 961272													
City NEWTON State MA Zip 02458			City FORT WORTH State TX Zip 70161													
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4									
Citation # (If Issued)			Most Harmful Event 1 23		1		10 Undercarriage									
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24		8		11 Totaled									
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			1													
Operator/Non-Motorist See Above																

