

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/29/2020		Time of Crash 17:59 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:						9	
Route# Direction Name of Roadway/Street At				WEST 1149 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11 99	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000199						3	
License # --- St MA DOB/Age ---				Reg # 9JP664 Reg Type PAN Reg State MA								2	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20								3 12	
Operator CONNOLLY ANN Endorsment MARIE				Owner (Same as operator)									
Address 420 WASHINGTON ST				Address									
City NORWOOD State MA Zip 02062				City State Zip									
Insurance Company AMICA MUTUAL				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled					
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												13 2	
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 3 0 10 1									
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St DOB/Age ---				Reg # Reg Type UNKNOWN Reg State									
Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year Veh Make UNKNOWN Veh Config. 20									
Operator UNKNOWN UNKNOWN Endorsment				Owner (Same as operator)									
Address				Address									
City State Zip				City State Zip									
Insurance Company UNKNON				Vehicle Action Prior to Crash 99 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 99 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 99 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 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				99 99 99 99 99 99 99									

