

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/03/2020		Time of Crash 19:29 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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 675 WATERTOWN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000210					3	
License # --- St MA DOB/Age ---				Reg # 9GH916 Reg Type PAN Reg State MA									12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____				Veh Year 2005 Veh Make CHEVORLET Veh Config. 1 20									1	
Operator GONZALEZ DAVID Last First Middle				Owner PANITA TELMA Last First Middle									1	
Address 19 NORUMBEGA TER (apt. 1)				Address 18 (apt. 5) NORUMBEGA TER									1	
City WALTHAM State MA Zip 02453				City WALTHAM State MA Zip 92453									13	
Insurance Company ARBELLA MUTUAL				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)									2	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 3 4									10 Undercarriage	
Citation # (If Issued) _____				Most Harmful Event 2 23 1 9 11 Totalled									11	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 5 24									1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									1	
Please fill out for operator and all occupants involved													13	
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													2	
Operator See Above				-----										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants				<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		1
License # --- St MA DOB/Age ---				Reg # 8EV138 Reg Type PAN Reg State MA									12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____				Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20									1	
Operator MIJANGOS JOSE Last First Middle				Owner (Same as operator) Last First Middle									1	
Address 29 HERMAN AVE				Address _____									1	
City NAHANT State MA Zip 01908				City _____ State _____ Zip _____									13	
Insurance Company GOVERNMENT EMPLOYEES INSURANCE				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)									2	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4									10 Undercarriage	
Citation # (If Issued) _____				Most Harmful Event 1 23 1 9 11 Totalled									11	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									1	
Please fill out for operator and all occupants involved													13	
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													2	
Operator/Non-Motorist See Above				-----										
MIJANGOS, ELIZABELLA 29 SHERMAN AVE NAHANT, MA 01908				----- F 5										

