

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/08/2020	Time of Crash 13:30 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29NORTH 8 BELMONT STREET</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>11Feet NSEW of . or Exit Number</div> <div>12Feet NSEW of</div> <div>13Route# Intersecting Roadway/Street</div> <div>14Feet NSEW of</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000363			
License # --- St MA DOB/Age ---			Reg # 1ESN46		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016		Veh Make LEXUS		Veh Config. 1 20			
Operator SMITH LISA			Owner (Same as operator)							
Address 105 ARLINGTON STREET (apt. 1)			Address							
City NEWTON State MA Zip 02458			City		State		Zip			
Insurance Company ARBELLA MUTUAL INS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: XSEW Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 23		4			
Citation # (If Issued)			Most Harmful Event 2		1 9		10 Undercarriage			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 18 24		8		5 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										
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			-----		1 4 99 0 0 10 1		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age ---			Reg # R10666		Reg Type CON		Reg State MA			
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 1995		Veh Make INTL		Veh Config. 6 20			
Operator			Owner A.D. PAOLINI							
Address			Address 103 ADAMS STREET							
City State Zip			City NEWTON State MA Zip 02458							
Insurance Company UNION INSURANCE COMPANY			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: XSEW 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		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		6					
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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 99 0 0 10 1		NONE			

