

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/16/2020	Time of Crash 16:42 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 278 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				1 11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000385		
License # --- St MA DOB/Age ---			Reg # 7ZE479 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions H 19 CDL ---			Veh Year 2003 Veh Make MAZD Veh Config. 1 20		
Operator ETHIER JASON E			Owner ARSENAULT DAWN MARIE			Address 29 VIRGINIA ST.			Address 6 FIR ST		
City DORCHESTER State MA Zip 02125-2352			City WAREHAM State MA Zip 02571-2310			Insurance Company SAFECO IUNSRANCE COMPANY OF AMERICA			Vehicle Action Prior to Crash 1 21		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 22 22 35 22 22 22			Citation # (If Issued)			Damaged Area Code: (Circle Up to Three)		
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Most Harmful Event 22 23			Driver Contributing Code 21 24 24			10 Undercarriage		
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Underride/Override 25 Towed Y			Diagram			5 11 Totaled		
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			13 22		
Please Select One of the Following:			<input type="checkbox"/> Vehicle # 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 # --- Reg Type --- Reg State ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year --- Veh Make --- Veh Config. 20		
Operator ---			Owner ---			Address ---			City --- State --- Zip ---		
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