

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/17/2020		Time of Crash 15:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 2		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				EAST 29 GROVE ST Route# Direction Address # Name of Roadway/Street				2				10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				11				6			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Route# Intersecting Roadway/Street				Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000387									
License # --- St MA DOB/Age ---				Reg # 5X4 Reg Type PAN Reg State MA				12							
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2015 Veh Make MINI Veh Config. 1 20											
Operator BIGHAM SUSAN Last First Middle				Owner (Same as operator) Last First Middle											
Address 34 SCHOOL AVE				Address _____											
City WALTHAM State MA Zip 02453				City _____ State _____ Zip _____											
Insurance Company ARBELLA				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4				10 Undercarriage							
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y											
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				Operator See Above ----- --- 1 1 4 0 0 7 2 NWH											
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 # 823HY1 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2016 Veh Make NISS Veh Config. 2 20											
Operator CORNELLI MADELINE A Last First Middle				Owner (Same as operator) Last First Middle											
Address 61 OLDHAM RD				Address _____											
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____											
Insurance Company COMMERCE				Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)											
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) T2080888				Most Harmful Event 1 23				5 11 Totaled							
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 8 24 24				6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y											
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 ----- --- 1 4 4 0 0 9 1											

