

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/09/2020		Time of Crash 14:43 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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				NORTH 197 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11		
Route# Direction Name of Intersecting Roadway/Street												4		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000437					3	
License # --- St MA DOB/Age ---				Reg # 2L8833 Reg Type MCN Reg State MA									12	
Sex M Lic. Class D 18 M 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2017 Veh Make SUZU Veh Config. 3 20									1	
Operator CARELA CARLOS J				Owner (Same as operator)									12	
Address 62 CAREY AVE (apt. 6)				Address									1	
City WATERTOWN State MA Zip 02472				City _____ State _____ Zip _____									13	
Insurance Company AMICA MUTUAL INS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					1	
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage 5 11 Totaled					13	
Citation # (If Issued) _____				Most Harmful Event 1 23				1 24 1 24					1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 1 24				Underride/Override 25 Towed N					1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													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					1	
Operator See Above				-----				5 4 0 10 1					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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		1
License # --- St MA DOB/Age ---				Reg # 1BG383 Reg Type PAS Reg State MA									13	
Sex M Lic. Class D 18 M 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2015 Veh Make NISS Veh Config. 1 20									1	
Operator HARDIMAN LEO				Owner (Same as operator)									12	
Address 151 PEARL STREET				Address									1	
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____									13	
Insurance Company COMMERCE INS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					1	
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage 5 11 Totaled					13	
Citation # (If Issued) _____				Most Harmful Event 1 23				1 24 10 24 15 24					1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 10 24 15 24				Underride/Override 25 Towed N					1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													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					1	
Operator/Non-Motorist See Above				-----				1 0 0 10 1					1	

