

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/15/2020	Time of Crash 22:21 24HR	City/Town NEWTON	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: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 175 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number				WASHINGTON ST Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000454		
License # --- St MA DOB/Age ---			Reg # 8HS555 Reg Type PAN Reg State MA			Veh Year 2011 Veh Make HONDA Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner KINSELLA BRIAN J			Address 4 WINDERMERE RD					
Operator KINSELLA ALISON			City AUBURNDALE State MA Zip 02466			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 4 WINDERMERE			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 20 24 24		
City RD State MA Zip 02466			Underride/Override 25 Towed Y			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
Insurance Company AMICA MUTUAL			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____		
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					
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 # 1DWD34 Reg Type PAN Reg State MA			Veh Year 2007 Veh Make HONDA Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner (Same as operator)			Address _____					
Operator PARKER CAMERON			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Address 197 WALNUT ST (apt. 2)			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
City NEWTON State MA Zip 02460			Underride/Override 25 Towed Y			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
Insurance Company COMMERCE INSURANCE			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____		
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					

