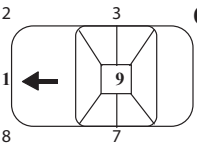
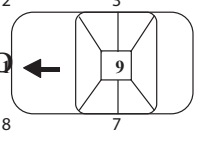


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 08/19/2020	Time of Crash 08:58 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>				
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>		<b>NOT AT INTERSECTION:</b>							
<b>NORTH</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>WASHINGTON ST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			<b>2</b> 9 <b>2</b> 10 <b>11</b> 2 <b>2</b> 11 <b>2</b> 12 <b>1</b> 13									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000459					
License # _____ St <u>DE</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>DAWYDIAK</u> <u>CHRISTIA</u> Address <u>48 CLEVELAND ST</u> City <u>ARLINGTON</u> State <u>MA</u> Zip <u>02474</u> Insurance Company <u>LIBERTY MUTUAL</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>121KYO</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u> 									
Please fill out for operator and all occupants involved			<b>1</b> 13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>ELICONE</u> <u>PAUL</u> Address <u>29 FOLLINSBEE LANE</u> City <u>WEST NEWBURY</u> State <u>MB</u> Zip <u>01985</u> Insurance Company <u>ARBELLA</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>825SZ1</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>5</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u> 									
Please fill out for operator and all occupants involved			<b>1</b> 13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above ----- --- 1 4 99 0 0 10 1 NONE									

