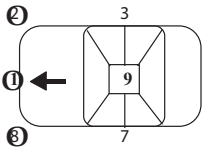
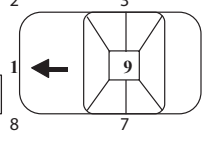


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 09/21/2020		Time of Crash 12:05 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																																																
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<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>SOUTH 36 GROVE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>3</div> <div><input checked="" type="checkbox"/> Vehicle 1 #Occupants</div>		<div><input type="checkbox"/> Hit/Run</div>		<div><input type="checkbox"/> Moped</div>		Case Number 200000542																																																																						
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____</div> <div>Operator CAIN IDA T</div> <div>Address 27 BEAVER PARK RD (apt. B)</div> <div>City FRAMINGHAM State MA Zip 01702</div> <div>Insurance Company COMMERCE</div>						<div>712</div> <div>Reg # 7994FJ Reg Type PAN Reg State MA</div> <div>Veh Year 2008 Veh Make TOYT Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 7 21</div> <div>Event Sequence 20 22 22 22 22 22</div> <div>Most Harmful Event 22 23</div> <div>Driver Contributing Code 99 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

When I arrived at the single MV crash on Grove St near Central St, the operator was being attended to by a bystander because her head was bleeding. The operator, identified as Ida Cain stated she didn't know what happened, but that she never lost consciousness. Operator still wearing her seatbelt when I arrived. I observed MV#1 to be crashed into a telephone pole and it would appear that MV#1 was traveling south on Grove St prior to the crash. No witnesses to crash. Operator transported to NWH for a head injury and her MV was towed by Todys.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code