

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/28/2020		Time of Crash 06:34 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	Speed Limit 35 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:							
<div>Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street</div>						<div>EAST 2014 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000561							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions T 19 CDL _____ Operator COLON EDUARDO G Address 44 GRANT PL City WALTHAM State MA Zip 02451 Insurance Company GEICO						Reg # 9LM752 Reg Type PAN Reg State MA Veh Year 2002 Veh Make HOND Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 4 24 24 5 11 Totaled Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved						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 4 0 0 10 1							
DUPUIS, KAYLA 44 GRANT PL WALTHAM, MA 02451 --- F 3 1 4 4 0 0 10 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													
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator STACKHOUSE JAMES W Address 12 APPLETON ST City SAUGUS State MA Zip 01906 Insurance Company EMPIRE FIRE AND MARINE						Reg # S14793 Reg Type CON Reg State MA Veh Year 2019 Veh Make FORD Veh Config. 2 20 Owner STONEHAM MOTOI Address 185 MAIN ST City STONEHAM State MA Zip 02180 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved						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 4 0 0 8 2 NEWTON-WELLESLEY							



