

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/26/2020	Time of Crash 15:54 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>EAST CENTRE ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH WASHINGTON ST</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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000615			
License # --- St MA DOB/Age ---			Reg # 20813		Reg Type PAR		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011		Veh Make MERZ		Veh Config. 1 20			
Operator WISE JEROLD			Owner (Same as operator)							
Address 401 DEDHAM ST (apt. D)			Address _____							
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____							
Insurance Company THE STANDARD FIRE INS COMP			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		6					
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			-----		1 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 ---			Reg # V60271		Reg Type CON		Reg State MA			
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2005		Veh Make FORD		Veh Config. 6 20			
Operator HERNANDEZ-RAMC ELMER			Owner RAHALL MARK							
Address 703 MOODY STREET			Address 100 (apt. 2) ADAMS STREET							
City WALTHAM State MA Zip 02453			City NEWTON State MA Zip 02458							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) T2014876			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		6					
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			-----		1		0 0		10 1	

