

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/24/2020	Time of Crash 16:14 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 475 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000674		
License # --- St MA DOB/Age ---			Reg # 7JN428 Reg Type PAN Reg State MA			12					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2008 Veh Make HONDA Veh Config. 1 20			1					
Operator AYALA HELEN B			Owner (Same as operator)			1					
Address 23 LINDA AVE			Address			1					
City FRAMINGHAM State MA Zip 01701			City State Zip			1					
Insurance Company COMMERCE INSURANCE COMPANY			Vehicle Action Prior to Crash 2 21			1					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			1					
Citation # (If Issued) T2080355			Most Harmful Event 1 23			1					
Violation 1: Ch 90/104 Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			1					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			1					
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33			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			1					
Operator See Above			1 4 4 0 0 10 1 NONE			1					
Please Select One of the Following:			<input type="checkbox"/> Vehicle # 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 DOB/Age ---			Reg # Reg Type Reg State			20					
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year Veh Make Veh Config. 20			2					
Operator ---			Owner ---			2					
Address ---			Address ---			2					
City State Zip			City State Zip			2					
Insurance Company			Vehicle Action Prior to Crash 21			2					
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Event Sequence 22 22 22 22 2			2					
Citation # (If Issued) ---			Most Harmful Event 23			2					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			2					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed ---			2					
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33			2					
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			2					
Operator/Non-Motorist See Above			1 1 1 1 1 1 1 1 1 1 1 1			2					

