

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/02/2020	Time of Crash 09:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 10 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:			
Route# Direction Name of Roadway/Street At			EAST 1250 WASHINGTON ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street				11 3			
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000691	
License # _____ St _____ DOB/Age _____			Reg # 91ZP2			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 220			Veh Make TOYOTA			Veh Config. 1 20	
Operator _____ Last First Middle			Owner RODENSTEIN LARRY Last First Middle			Address 2311 (apt. J) WASHINGTON ST			City NEWTON State MA Zip 02462	
Address _____			City NEWTON			State MA Zip 02462			Vehicle Action Prior to Crash 11 21	
Insurance Company GEICO			Vehicle Travel Direction: N S E W			Responding to Emergency? N			Event Sequence 2 22 22 22 22	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____			Violation 2: Ch _____ Sec _____			Most Harmful Event 2 23	
Violation 3: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y	
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			-----			-----	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14			Action 15 Location 16 Condition 17	
License # _____ St _____ DOB/Age _____			Reg # 5945YE			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2009			Veh Make MERCEDES			Veh Config. 1 20	
Operator _____ Last First Middle			Owner AUTOMATIC LAUNI Last First Middle			Address 45 BORDER ST			City NEWTON State MA Zip 02465	
Address _____			City NEWTON			State MA Zip 02465			Vehicle Action Prior to Crash 10 21	
Insurance Company TRAVELERS			Vehicle Travel Direction: N S X W			Responding to Emergency? N			Event Sequence 2 22 22 22 22	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____			Violation 2: Ch _____ Sec _____			Most Harmful Event 2 23	
Violation 3: Ch _____ Sec _____			Violation 4: Ch _____ Sec _____			Driver Contributing Code 19 24 24			Underride/Override 25 Towed Y	
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			-----			-----	



