

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/27/2020	Time of Crash 17:09 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 320 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of CENTRE ST Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000703		
License # _____ St MA DOB/Age _____			Reg # 5SE137			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2008			Veh Make MERCEDES			Veh Config. <u>1</u> <u>20</u>		
Operator PINKHASOVA TEREZA R			Owner (Same as operator)			First _____ Middle _____			Last _____		
Address 16 PROSPECT ST			Address _____			First _____ Middle _____			Last _____		
City NEWTON State MA Zip 02465			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company ARBELLA INSURANCE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u> Towed <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>		
Citation # (If Issued) _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>		
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			See Above		
Operator			See Above			Age/DOB			Sex		
						26			27		
						28			29		
						30			31		
						32			33		
						Medical Facility					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # _____ St MA DOB/Age _____			Reg # 1DHP95			Reg Type PAN			Reg State MA		
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2014			Veh Make TOYOTA			Veh Config. <u>2</u> <u>20</u>		
Operator O'CONNELL MARK			Owner (Same as operator)			First _____ Middle _____			Last _____		
Address 161 WABAN HILL RD NORTH			Address _____			First _____ Middle _____			Last _____		
City NEWTON State MA Zip 02467			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>4</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INSURANCE COMPANY			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>10</u> <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u> Towed <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>		
Citation # (If Issued) _____			Driver Contributing Code <u>10</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>		
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Operator/Non-Motorist			See Above			Age/DOB			Sex		
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						30			31		
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						Medical Facility					

