

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/08/2020	Time of Crash 08:42 24HR	City/Town NEWTON	Number Vehicles 2	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			NORTH 26 CUMMINGS RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 3				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000714		
License # --- St MA DOB/Age ---			Reg # M87605 Reg Type MVN Reg State MA			Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL P Endorsment			Veh Year 2012 Veh Make INTERNATIONAL Veh Config. 13 20		
Operator SECINARO ALPHONSE Last First Middle			Owner CITY OF NEWTON DPW Last First Middle			Address 135 JEWETT ST (apt. 2)			Address 110 CRAFTS ST		
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02458			Insurance Company SELF INSURED CITY NEWTON			Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 1 24 24		
Citation # (If Issued)			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled			8 7 6		
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			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 99 0 0 10 1		
Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___			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			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St --- DOB/Age ---			Reg # 7RT637 Reg Type PAN Reg State MA			Sex ___ Lic. Class 18 18 Lic. Restrictions 19 CDL ___			Veh Year 2014 Veh Make HONDA Veh Config. 2 20		
Operator ___ Last First Middle			Owner MARIANI ANNAMARIA Last First Middle			Address 36 CUMMINGS RD			City NEWTON State MA Zip 02459		
City ___ State ___ Zip ___			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22		
Insurance Company METROPOLITAN PROPERTY & CASUALTY INSUR			Most Harmful Event 2 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued)			Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___		
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 --- --- ---					



