

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/12/2020	Time of Crash 19:27 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:							
Route# Direction Name of Roadway/Street At			WEST 3 BORDER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												
Route# Direction Name of Intersecting Roadway/Street												
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000731					
License # --- St MA DOB/Age ---			Reg # 1FRY81 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015 Veh Make NISSAN Veh Config. 1 20									
Operator CARTER ARTHUR M			Owner (Same as operator)									
Address 8 CURVE ST			Address									
City NEWTON State MA Zip 02465			City State Zip									
Insurance Company THE COMMERCE INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			10 Undercarriage						
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			-----			1 4 99 0 0 10 1 NONE						
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---			Reg # 6EG894 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make HONDA Veh Config. 1 20									
Operator CAIRA LISA MARIE			Owner HONDA LEASE TRU:									
Address 21 HARVEY PL			Address 600 KELLY WAY									
City NEWTON State MA Zip 02465			City HOLYOKE State MA Zip 01040									
Insurance Company THE COMMERCE INS			Vehicle Action Prior to Crash 97 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 2 22 22 22 22 2			10 Undercarriage						
Citation # (If Issued) T2014800			Most Harmful Event 2 23			5 11 Totaled						
Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			-----			1 4 99 0 0 10 1 NONE						

