

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/17/2020		Time of Crash 21:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
Route# Direction Name of Roadway/Street At				WEST 230 CENTRAL ST		Route# Direction Address # Name of Roadway/Street						2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						1	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000748						3	
License # --- St MA DOB/Age ---				Reg # 3KJ489 Reg Type PAN Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement						20	
Operator JACUNSKI ETHAN Last First Middle				Owner JACUNSKI ERIC Last First Middle		Veh Year 2016 Veh Make HONDA Veh Config. 2						7 12	
Address 14 LARKSPUR RD				Address 14 LARKSPUR RD		City NEWTON State MA Zip 02468						13	
Insurance Company HANOVER INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						97	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 42 22 30 22 22 22		Most Harmful Event 30 23						10 Undercarriage	
Citation # (If Issued) _____				Driver Contributing Code 11 24 12 24		Underride/Override 25 Towed N						5 11 Totaled	
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						6 2	
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						13			
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				GIESSER, BEN 119 HANCOCK ST NEWTON, MA 02466 --- M 3 1 4 99 0 0 10 1						97			
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 _____ Endorsement				Veh Year --- Veh Make --- Veh Config. ---						20			
Operator --- Last First Middle				Owner --- Last First Middle						20			
Address ---				Address ---						20			
City --- State --- Zip ---				City --- State --- Zip ---						20			
Insurance Company ---				Vehicle Action Prior to Crash 21						20			
Vehicle Travel Direction: N S E W Responding to Emergency? ---				Event Sequence 22 22 22 22 22						20			
Citation # (If Issued) _____				Most Harmful Event 23						20			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24						20			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed ---						20			
Please fill out for operator and all occupants involved				Operator/Non-Motorist See Above --- --- ---						20			
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 --- --- ---						20			

Crash Narrative:

Witnesses:

Property Damage:

Truck and Bus Information:

Registration # (From Vehicle Section)

Carrier Name	Carrier Issuing Authority Code
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Address	City	St	Zip
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US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

Cargo Body Type Code	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42