

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/24/2020	Time of Crash 01:30 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			NORTH 437 PARKER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ 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 200000770	
License # --- St MA DOB/Age ---			Reg # 2JGW74 Reg Type PAN Reg State MA			Veh Year 2010 Veh Make CHEVY Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010 Veh Make CHEVY Veh Config. 1 20			Owner (Same as operator)				
Operator JEAN DIT LAMBERT YVES JEAN			Address _____			City _____ State _____ Zip _____				
Address 483 CENTRE ST (apt. 1)			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21				
Insurance Company GEICO			Event Sequence 41 22 20 22 30 22 22 2			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Most Harmful Event 20 23			Driver Contributing Code 1 24 24				
Citation # (If Issued) _____			Underride/Override 25 Towed Y			10 Undercarriage 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										
Name (Last First Middle)			Address			Age/DOB			Sex	
Operator			See Above			99			4	
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 # EV290J Reg Type PAS Reg State MA			Veh Year 2020 Veh Make CHEVY Veh Config. 1 20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2020 Veh Make CHEVY Veh Config. 1 20			Owner ALMEIDA EDISON				
Operator _____			Address 437 PARKER ST			City NEWTON State MA Zip 02459				
Address _____			City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 11 21				
Insurance Company STATE FARM			Event Sequence 2 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 2 23			Driver Contributing Code 24 24				
Citation # (If Issued) _____			Underride/Override 25 Towed N			10 Undercarriage 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										
Name (Last First Middle)			Address			Age/DOB			Sex	
Operator/Non-Motorist			See Above			---			---	

