

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/20/2021	Time of Crash 13:29 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 0 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 200 BOYLSTON ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000032		
License # --- St MA DOB/Age ---			Reg # M7917A Reg Type MVN Reg State MA			Sex F Lic. Class D M Lic. Restrictions B CDL Endorsment			Veh Year 2012 Veh Make FORD Veh Config. 1		
Operator RITCEY KIMBERLY			Owner PUBLIC WORKS CITY OF NEWTON			Address 101 CENTRAL ST			Address 110 CRAFTS ST		
City WALTHAM State MA Zip 02453			City NEWTON State MA Zip 02458			Insurance Company SELF- CITY OF NEWTON			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Citation # (If Issued)			Most Harmful Event 2 23		
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 N		
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			Operator/Non-Motorist See Above		
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 ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year --- Veh Make --- Veh Config. 20		
Operator ---			Owner ---			Address ---			Address ---		
City --- State --- Zip ---			City --- State --- Zip ---			Insurance Company ---			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Event Sequence 22 22 22 22			Citation # (If Issued)			Most Harmful Event 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed ---		
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			Operator/Non-Motorist See Above		

