

# Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 01/28/2021	Time of Crash 17:40 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:**

<b>WEST</b> Route# <u>        </u> Direction <u>        </u> Name of Roadway/Street <u>BEACON ST</u> At _____ <b>NORTH</b> Route# <u>        </u> Direction <u>        </u> Name of Intersecting Roadway/Street <u>HAMMOND ST</u> Also at Intersection with _____ <b>Route#</b> <u>        </u> Direction <u>        </u> Name of Intersecting Roadway/Street <u>        </u>	<b>NOT AT INTERSECTION:</b> Route# <u>        </u> Direction <u>        </u> Address # <u>        </u> Name of Roadway/Street <u>        </u> Feet <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>S</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>W</b> of _____ • _____ or _____ Mile Marker <u>        </u> Exit Number <u>        </u> Feet <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>S</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>W</b> of _____ Route# <u>        </u> Intersecting Roadway/Street <u>        </u> Feet <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>S</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>W</b> of _____ Intersecting Roadway/Street <u>        </u> Landmark <u>        </u>
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<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number <u>210000066</u>
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License # <u>---</u> St <u>MA</u> DOB/Age <u>---</u> Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>BELT</u> <u>HALLEY</u> <u>R</u> Address <u>6 WAMESIT RD</u> City <u>WABAN</u> State <u>MA</u> Zip <u>02468</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Reg # <u>969WP6</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>VOLVO</u> Veh Config. <u>2</u> <u>20</u> Owner <u>BELT</u> <u>ERIK</u> Address <u>6 WAMESIT RD</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02468</u> Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>
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Please fill out for operator and all occupants involved		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	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants	<input type="checkbox"/> Non-Motorist A Type <u>14</u>	Action <u>15</u>	Location <u>16</u>	Condition <u>17</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <u>---</u> St <u>MA</u> DOB/Age <u>---</u> Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>MOFFATT</u> <u>JOHN</u> <u>BRADSHAW</u> Address <u>125 ELMWOOD RD</u> City <u>WELLESLEY</u> State <u>MA</u> Zip <u>02481</u> Insurance Company <u>BANKERS STANDARD INSURANCE</u>	Reg # <u>1DGL51</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>20</u> Owner <u>MOFFATT</u> <u>GREGORY</u> <u>THOMAS</u> Address <u>125 ELMWOOD RD</u> City <u>WELLESLEY</u> State <u>MA</u> Zip <u>02481</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>19</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>
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Operator/Non-Motorist	See Above	-----	---	---	1	4	4	0	0	10	1	

