

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/09/2021	Time of Crash 13:34 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		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: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>WEST ASCENTA TER</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					
<b>SOUTH HIGHLAND ST</b>					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Landmark _____					
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000097				
License # _____ St <u>MA</u> DOB/Age _____					Reg # <u>2AKS61</u> Reg Type <u>PAN</u> Reg State <u>MA</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 _____					Veh Year <u>2014</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>20</u>					
Operator <u>CARRON ELIZABETH</u> Last First Middle					Owner <u>(Same as operator)</u> Last First Middle					
Address <u>28 EUGENE DRIVE</u>					Address _____					
City <u>BELCHERTOWN</u> State <u>MA</u> Zip <u>01007</u>					City _____ State _____ Zip _____					
Insurance Company <u>GOVERNMENT EMPLOYEES INSURANCE</u>					Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>					Event Sequence <u>42</u> <u>22</u> <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>11</u> Totaled <u>6</u>					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code <u>99</u> <u>24</u> <u>24</u> <u>25</u> Towed <u>Y</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above ----- --- 99 1 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										
License # _____ St <u>MA</u> DOB/Age _____					Reg # <u>S96DN7</u> Reg Type <u>PAN</u> Reg State <u>MA</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 _____					Veh Year <u>2018</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>20</u>					
Operator <u>BALABAN DAVID</u> Last First Middle					Owner <u>(Same as operator)</u> Last First Middle					
Address <u>48 MILO ST</u>					Address _____					
City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u>					City _____ State _____ Zip _____					
Insurance Company <u>GOVERNMENT EMPLOYEES</u>					Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>					Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____					
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Operator/Non-Motorist See Above ----- --- 99 4 4 0 0 10 1										



