

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/10/2021	Time of Crash 18:28 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 647 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 4				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000100		
License # --- St MA DOB/Age ---			Reg # 97XS65 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2013 Veh Make HONDA Veh Config. 1 20		
Operator WILLIAMS BRYCE Last First Middle			Owner ARLOTTO CLARA M Last First Middle			Address 2 LINDEN ST			City WELLESLEY State MA Zip 02482		
Insurance Company AMICA MUTUAL			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) ---			Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			10 Undercarriage 5 11 Totaled		
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 --- --- --- 10 1			13 2		
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								
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Operator --- Last First Middle			Owner --- Last First Middle			Address ---			City --- State --- Zip ---		
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 2		
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