

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/11/2021		Time of Crash 10:07 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 155 LEXINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000105					2
4		1		License # --- St MA DOB/Age ---		Reg # 7ZV896		Reg Type PAN		Reg State MA		12	
5		1		Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsement _____		Veh Year 2012		Veh Make CHEV		Veh Config. 1 20		1	
6		2		Operator EDMUNDS MICHAEL G Last First Middle		Owner (Same as operator)		First Middle		Address _____		1	
7		1		Address 61 1 SCHOOL AVE		City _____ State MA Zip 02453		City _____ State _____ Zip _____		Vehicle Action Prior to Crash 1 21		13	
8		1		Insurance Company PROGRESSIVE		Event Sequence 2 22 22 22 22		Damaged Area Code: (Circle Up to Three)		10 Undercarriage		2	
9		1		Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Most Harmful Event 2 23		Driver Contributing Code 19 24 24		Underride/Override 25 Towed Y		1	
10		2		Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Diagram: 10 Undercarriage 11 Totaled		1	
Please fill out for operator and all occupants involved												13	
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												2	
Operator See Above -----												1	
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												1	
8		1		License # _____ St _____ DOB/Age _____		Reg # 5RT997		Reg Type PAN		Reg State MA		1	
9		1		Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____		Veh Year 2015		Veh Make CHEV		Veh Config. 2 20		1	
10		1		Operator _____ Last First Middle		Owner CURRAN DERRICK WALTER Last First Middle		Address 22 CARTER ST		City NEWTON State MA Zip 02458		1	
11		1		Address _____		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		10 Undercarriage		1	
12		1		Insurance Company GOVT EMPLOYEE INS		Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		1	
13		1		Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Underride/Override 25 Towed Y		Diagram: 10 Undercarriage 11 Totaled		1		1	
14		1		Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		1		1	
Please fill out for operator and all occupants involved												1	
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												1	
Operator/Non-Motorist See Above -----												1	

