

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 02/09/2021	Time of Crash 11:06 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 164 VARICK RD 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			50 FEET Feet [N][S][E][W] of QUINOBEQUIN RD Route# Intersecting Roadway/Street Feet [N][S][E][W] of _____ Landmark _____				2 10			
Route# Direction Name of Intersecting Roadway/Street							4 11			
2 4			<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 2100000108				4			
3 5										
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO			Reg # 7115ZS Reg Type PAN Reg State MA Veh Year 2016 Veh Make NISS Veh Config. 2 20 Owner DE-SOUZA FERNANDA B Address 249 (apt. 22) LANTERN RD City REVERE State MA Zip 02151 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 3 4 Most Harmful Event [2][23] 10 Undercarriage Driver Contributing Code [1][24][24] 5 11 Totaled Underride/Override [25] Towed N				1 12			
4 1										
5 2										
6 3										
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										
7 1										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [99][18][18] Lic. Restrictions [9] CDL _____ Operator UNKNOWN UNKNOWN UNKNOWN Address UNK UNK City UNK State XX Zip UNK Insurance Company UNKNOWN			Reg # _____ Reg Type UNKNOWN Reg State _____ Veh Year UNK Veh Make UNK Veh Config. 13 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [99][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 3 4 Most Harmful Event [2][23] 10 Undercarriage Driver Contributing Code [99][24][24] 5 11 Totaled Underride/Override [25] Towed N				13			
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Operator/Non-Motorist See Above										

