

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/22/2021	Time of Crash 17:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>15</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 427 WATERTOWN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000144	
License # _____ St MA DOB/Age _____			Reg # CI91MA Reg Type PAS Reg State MA			Veh Year 2016 Veh Make VOLVO Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make VOLVO Veh Config. 2			Operator GHILANI PRISCILLA JEANNE				
Address 3 MADISON ST			Owner (Same as operator)			City _____ State MA Zip 01760				
Insurance Company GEICO GENERAL INSURANCE COMPANY			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed N			8 7 6 9 5 11 Totalled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			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	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator See Above			1 4 4 0 0 10 1			NONE	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St MA DOB/Age _____			Reg # 6NG378 Reg Type PAN Reg State MA			Veh Year 2013 Veh Make NISSAN Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013 Veh Make NISSAN Veh Config. 2			Operator TURNER JAY				
Address 58 WESTMINSTER RD			Owner (Same as operator)			City _____ State MA Zip 02459				
Insurance Company THE COMMERCE INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 99 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed N			8 7 6 9 5 11 Totalled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			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	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator/Non-Motorist See Above			1 4 4 0 0 10 1			NONE	

