

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/03/2021	Time of Crash 12:31 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	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
WASHINGTON ST											2
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ or _____ Mile Marker Exit Number				10
95 NORTH OFF RAMP											
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Feet N S E W of _____				11
Route# Direction Name of Intersecting Roadway/Street							Feet N S E W of _____				4
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000160		
License # --- St MA DOB/Age ---			Reg # L11012 Reg Type CON Reg State MA			Veh Year 2016 Veh Make TOYT Veh Config. 2			20		
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2016 Veh Make TOYT Veh Config. 2			Owner (Same as operator)			12		
Operator ANTONIOLI GREGORY			Owner (Same as operator)			Address			1		
Address 312 NAGOG HILL RD			Address			City _____ State _____ Zip _____					
City ACTON State MA Zip 01720			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company NGM INSURANCE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed Y			8 7 6			10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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											1
Operator See Above											
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # --- St MA DOB/Age ---			Reg # 6WE554 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make MAZDA Veh Config. 1			20		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make MAZDA Veh Config. 1			Owner (Same as operator)			1		
Operator CIRIELLO DEVON			Owner (Same as operator)			Address					
Address 197 WHITEWOOD RD			Address			City _____ State _____ Zip _____					
City WESTWOOD State MA Zip 02090			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GOVT EMPLOYEE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 19 24 24		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed Y			8 7 6			10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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/Non-Motorist See Above											

