

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/13/2021		Time of Crash 02:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:							
<div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>WEST 247 CALIFORNIA ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000178							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GAO HAN Address 85 BRANDEIS RD (apt. 316) City ALLSTON State MA Zip 02134 Insurance Company GOVERNMENT EMPLOYEE						Reg # 1FYB29 Reg Type PAN Reg State MA Veh Year 2017 Veh Make MINI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 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 21 24 24 5 11 Totaled Underride/Override 25 Towed Y							
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						-----							
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													
License # --- St DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company ARBELLA MUTUAL						Reg # 2LXH74 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1 20 Owner SHARMA ANKIT Address 247 (apt. B) CALIFORNIA ST City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y							
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						-----							

