

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/22/2021	Time of Crash 08:54 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit <u>30</u> 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:					
1 Route# Direction Name of Roadway/Street At			2 NORTH 73 LEXINGTON 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							
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			10 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ RIVER ST Route# Intersecting Roadway/Street							
1 Route# Direction Name of Intersecting Roadway/Street			11 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark							
3 <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			5 Case Number 210000279							
4 License # --- St MA DOB/Age --- Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator MACMILLAN WILLIAM Address 56 CHARLES ST City WALTHAM State MA Zip 02453 Insurance Company ARBELLA			12 Reg # 7NMX40 Reg Type PAN Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20 Owner JUSTER LAURIE Address 61 WARWICK RD City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 24 <input type="checkbox"/> 9 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed Y <input type="checkbox"/> 8 Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totalled							
5 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13 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 ----- --- 1 4 4 0 0 10 1							
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			8 License # --- St MA DOB/Age --- Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator FERNANDES JEFFREY Address 151 CENTRE ST City HOLBROOK State MA Zip 02343 Insurance Company COMMERCE Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
8 Reg # 2BBR67 Reg Type PAN Reg State MA Veh Year 2014 Veh Make CHEVY Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed Y <input type="checkbox"/> 8 Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totalled			13 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 ----- --- 1 4 4 0 0 10 1							

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/22/2021	Time of Crash 08:54 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000279		
License # St DOB/Age			Reg # UNK Reg Type UNK Reg State XX			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year UNK Veh Make UNK Veh Config. 97 20		
Operator Last First Middle			Owner Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 99 22 22 22 22			Most Harmful Event 99 23			Driver Contributing Code 99 24 24		
Citation # (If Issued)			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled					
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			See Above								
Please Select One of the Following:			<input type="checkbox"/> Vehicle #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			Reg # Reg Type Reg State			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued)			Underride/Override 25 Towed			10 Undercarriage 5 11 Totaled					
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								

♀ Pedestrian

SEE INDEPENDENT WITNESS STATEMENT.

Placard	40	Material 1 digit #	41	Material Name	Material 4 digit #	Release code	42
---------	----	--------------------	----	---------------	--------------------	--------------	----

CDP1 11 ·24·00