

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 05/12/2021	Time of Crash 12:01 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 40 WEBSTER ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker Exit Number							
			Feet [N][S][E][W] of _____ Route# Intersecting Roadway/Street							
			Feet [N][S][E][W] of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000335	
License # _____ St _____ DOB/Age _____			Reg # 287LX4			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____			Veh Year 2018			Veh Make HONDA			Veh Config. 2	
Operator _____ Last First Middle			Owner PANTINA JENNIFER SUSAN Last First Middle							
Address _____			Address 40 WEBSTER ST							
City _____ State _____ Zip _____			City NEWTON			State MA			Zip 02465	
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash [11][21]			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence [1][22][22][22][22]			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event [1][23]			1 9			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code [1][24][1][24]			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override [25] Towed N							
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # UNKNOW			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____			Veh Year _____			Veh Make UNKNOW			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 [1][21]			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence [2][22][22][22][22]			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event [2][23]			1 9			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code [19][24][97][24]			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override [25] Towed N							
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							

