

## Commonwealth of Massachusetts

| Police Use Only  |                                |                     | Commonwealth of Massachusetts  |  |                             |   | RMV Document Number  |   |  |  |
|--|--------------------------------|---------------------|--|--|-----------------------------|---|--|---|--|--|
| Date of Crash<br>05/19/2021  | Time of Crash<br>14:28<br>24HR | City/Town<br>NEWTON | <b>Motor Vehicle Crash<br/>Police Report</b>   |  | Number Vehicles<br>2        | Number Injured<br>0                         | Speed Limit <u>25</u><br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: _____ |  |  |
| <b>AT INTERSECTION:</b>  |                                |                     | < <b>LOCATION</b> >  |  | <b>NOT AT INTERSECTION:</b> |   |  |   |  |  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____  |                                |                     | EAST 839 WASHINGTON ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Route# _____ Intersecting Roadway/Street _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Landmark _____ |  |                             |   |  |   |  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____  |                                |                     |  |  |                             |   |  |   |  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____   |                                |                     |  |  |                             |   |  |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants   |                                |                     | <input checked="" type="checkbox"/> Hit/Run  |  |                             | <input type="checkbox"/> Moped              |  |   | Case Number 2100000361   |  |
| License # _____ St _____ DOB/Age _____   |                                |                     | Reg # 1VSK29   |  |                             | Reg Type PAN                                |  |   | Reg State MA   |  |
| Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____   |                                |                     | Veh Year 2002  |  |                             | Veh Make SUBARU                             |  |   | Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20 |  |
| Operator _____ Last _____ First _____ Middle _____   |                                |                     | Owner CATAPANO   |  |                             | JOAN  |  |   | T  |  |
| Address _____  |                                |                     | Address 16 (apt. 3) LAUREL ST  |  |                             |   |  |   |  |  |
| City _____ State _____ Zip _____   |                                |                     | City NEWTON  |  |                             | State MA                                    |  |   | Zip 02472  |  |
| Insurance Company GOVERNMENT EMPLOYEES   |                                |                     | Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21  |  |                             | Damaged Area Code: (Circle Up to Three)     |  |   |  |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N |                                |                     | Event Sequence <input type="checkbox"/> 10 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22   |  |                             | 2 3 4                                       |  |   | 10 Undercarriage   |  |
| Citation # (If Issued) _____   |                                |                     | Most Harmful Event <input type="checkbox"/> 10 <input type="checkbox"/> 23   |  |                             | 1 2 3 4 5 6                                 |  |   | 11 Totaled   |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____  |                                |                     | Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24  |  |                             |   |  |   |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |                                |                     | Underride/Override <input type="checkbox"/> 25 Towed <input type="checkbox"/> 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 1 #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 checked="" type="checkbox"/> Hit/Run |  |   | <input type="checkbox"/> Moped                                     |  |
| License # --- St MA DOB/Age ---  |                                |                     | Reg # 1RWG60   |  |                             | Reg Type PAN                                |  |   | Reg State MA   |  |
| Sex F Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____               |                                |                     | Veh Year 2012  |  |                             | Veh Make CHEVROLET                          |  |   | Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20 |  |
| Operator WALDOKS ANNE P  |                                |                     | Owner (Same as operator)   |  |                             |   |  |   |  |  |
| Address 12 LOMBARD ST  |                                |                     | Address _____  |  |                             |   |  |   |  |  |
| City NEWTON State MA Zip 02458   |                                |                     | City _____ State _____ Zip _____   |  |                             |   |  |   |  |  |
| Insurance Company AMICA MUTUAL   |                                |                     | Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 21  |  |                             | Damaged Area Code: (Circle Up to Three)     |  |   |  |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N |                                |                     | Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22  |  |                             | 2 3 4                                       |  |   | 10 Undercarriage   |  |
| Citation # (If Issued) T2014420  |                                |                     | Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23  |  |                             | 1 2 3 4 5 6                                 |  |   | 11 Totaled   |  |
| Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____  |                                |                     | Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24   |  |                             |   |  |   |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |                                |                     | Underride/Override <input type="checkbox"/> 25 Towed <input type="checkbox"/> 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  |                                |                     |  |  |                             |   |  |   |  |  |
|  |                                |                     |  |  |                             |   |  |   |  |  |
|  |                                |                     |  |  |                             |   |  |   |  |  |
|  |                                |                     |  |  |                             |   |  |   |  |  |

