

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/02/2021		Time of Crash 00:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____		State Police ☐ Local Police ☒ MBTA Police ☐ Other: ☐	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				EAST 1750 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet [N][S][E][W] of _____ Landmark _____								11	
☒ Vehicle 1 2 #Occupants		☐ Hit/Run		☐ Moped		Case Number 210000484						2	
License # _____ St MA DOB/Age _____				Reg # 7HX856 Reg Type PAN Reg State MA				20				12	
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2016 Veh Make MERCEDES Veh Config. 2									
Operator THEODORE FRANTZ Last First Middle				Owner (Same as operator) Last First Middle									
Address 11 PLEASANT ST				Address _____									
City WALTHAM State MA Zip 02452				City _____ State _____ Zip _____									
Insurance Company SAFETY				Vehicle Action Prior to Crash 2 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					
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
THEODORE, ANNE, MARIE				11 PLEASANT STREET WALTHAM, MA 02452				-----				F	
Please Select One of the Following: ☐ Vehicle #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped													
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____				20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. _____									
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				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	

