

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/07/2021	Time of Crash 09:55 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 320 WASHINGTON ST 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000494			
License # _____ St MA DOB/Age _____			Reg # 2DJP63		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014		Veh Make HONDA		Veh Config. 2 20			
Operator GUZMAN ALESSANDRA DACOSTA Last First Middle			Owner (Same as operator)		First Middle		Address _____			
Address 135 BROADWAY (apt. 201)			City _____		State MA Zip 02149		City _____ State _____ Zip _____			
Insurance Company GEICO			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23		Driver Contributing Code 99 24 24		Underride/Override 25 Towed Y			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Diagram: 10 Undercarriage 5 11 Totaled			
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 ----- --- 99 4 99 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 MA DOB/Age _____			Reg # 9JW258		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016		Veh Make TOYOTA		Veh Config. 1 20			
Operator BROWNETT MICHAEL A Last First Middle			Owner (Same as operator)		First Middle		Address _____			
Address 10 WILLIAMS STREET (apt. 21)			City _____		State MA Zip 02472		City _____ State _____ Zip _____			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23		Driver Contributing Code 99 24 24		Underride/Override 25 Towed Y			
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