

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 08/08/2021	Time of Crash 14:26 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report	
Number Vehicles 2		Number Injured 0		Speed Limit 30 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:	
SOUTH ALBEMARLE RD		Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street	
Route# Direction Name of Roadway/Street		At		Feet N S E W of Mile Marker or Exit Number	
WEST CRAFTS ST		Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of Route# Intersecting Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street		Also at Intersection with		Feet N S E W of Landmark	
Route# Direction Name of Intersecting Roadway/Street					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
Case Number		2100000589			
License # --- St MA DOB/Age ---		Reg # I81 Reg Type PAR Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL		Veh Year 2017 Veh Make SUBARU Veh Config. 2 20			
Operator MOYNIHAN TYLER		Owner (Same as operator)			
Address 131 LEXINGTON ST		Address			
City WATERTOWN State MA Zip 02472		City State Zip			
Insurance Company ALLSTATE		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N S E W Responding to Emergency? N		Event Sequence 1 22 22 22 22		2 3 4	
Citation # (If Issued)		Most Harmful Event 1 23		10 Undercarriage	
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 1 24 24		5 11 Totaled	
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed Y		8 7 6	
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	
Operator See Above		1 4 4 0 0 10 1		Medical Facility	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 1 #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 # 9WT384 Reg Type PAN Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL		Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20			
Operator LIU ANGELA		Owner SHANG MIN			
Address 12 BALDWIN ST		Address 12 (apt. 2) BALDWIN ST			
City NEWTON State MA Zip 02458		City NEWTON State MA Zip 02458			
Insurance Company COMMERCE		Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N X E W Responding to Emergency? N		Event Sequence 1 22 22 22 22		2 3 4	
Citation # (If Issued)		Most Harmful Event 1 23		10 Undercarriage	
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 19 24 24		5 11 Totaled	
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Operator/Non-Motorist See Above		1 4 4 0 0 10 1		Medical Facility	

