

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/27/2021	Time of Crash 17:00 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 119 CENTRAL AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000593		
License # --- St MA DOB/Age ---			Reg # MP492B Reg Type MVN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2020 Veh Make FORD Veh Config. 2 20								
Operator DRAGONE ROBERT Last First Middle			Owner CITY OF NEWTON Last First Middle								
Address 1321 WASHINGTON STREET			Address 1321 WASHINGTON STREET								
City NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465								
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 10 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			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 2 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24								
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			---								
KANE, ALEX 1321 WASHINGTON STREET NEWTON, MA 02465			---			F 3 1 4 4 0 0 10 1					
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 # MP494B Reg Type MVN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2020 Veh Make FORD Veh Config. 2 20								
Operator CONARY KRISTINA Last First Middle			Owner CITY OF NEWTON Last First Middle								
Address 1321 WASHINGTON STREET			Address 1321 WASHINGTON STREET								
City NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465								
Insurance Company SELF INSURED			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 2 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 2 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
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			---			1 4 4 0 0 10 1					

