

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/01/2021	Time of Crash 10:25 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 394 WATERTOWN ST Route# Direction Address # Name of Roadway/Street				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				11 4				
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000653		
License # --- St MA DOB/Age ---			Reg # 252HG0 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2005 Veh Make MERC Veh Config. 2 20		
Operator STINEHART KRISTINE			Owner (Same as operator)			Address			Address		
Address 38 WEBSTER ST			City WATERTOWN State MA Zip 02472			City State Zip			City State Zip		
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 3 4		
Vehicle Travel Direction: N S E X Responding to Emergency? N			Most Harmful Event 2 23			Driver Contributing Code 1 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			10 Undercarriage 5 11 Totaled		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above			Operator		
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # V96178 Reg Type CON Reg State MA			Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2020 Veh Make INTL Veh Config. 10 20		
Operator AGUIAR ROBERT			Owner RYDER TRUCK REN			Address			Address		
Address 11 MARTIN DR			City RAYNHAM State MA Zip 02767			City ROCHESTER State NY Zip 14623			City State Zip		
Insurance Company ACE AMERICAN			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 3 4		
Vehicle Travel Direction: N S E X Responding to Emergency? N			Most Harmful Event 2 23			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled		
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