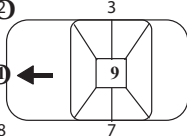
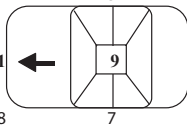


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/14/2021		Time of Crash 18:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div><div>SOUTH</div><div>BEACON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>BEACONWOOD RD</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000704							
License # --- St MA DOB/Age ---				Reg # 1NJN58 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment				Veh Year 2019 Veh Make HONDA Veh Config. 1 20									
Operator GWIM THOMAS				Owner (Same as operator)									
Address 49 VICTORIA CIR				Address									
City NEWTON State MA Zip 02465				City State Zip									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 4 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									
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 N				6					
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility			
Operator				See Above		-----		---					
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 # 2L2010 Reg Type MCN Reg State MA									
Sex M Lic. Class M 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2016 Veh Make YAMA Veh Config. 3 20									
Operator NAZZARO ALEXANDER				Owner (Same as operator)									
Address 4 OAKWOOD TER				Address									
City NEWTON State MA Zip 02459				City State Zip									
Insurance Company MAPHRE				Vehicle Action Prior to Crash 1 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									
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 3 24 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				6					
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility			
Operator/Non-Motorist				See Above		-----		---					

