

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/01/2021		Time of Crash 14:37 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 40 NEEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
1 1				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000778			4
License # _____ St MA DOB/Age _____				Reg # LV74934 Reg Type LVN Reg State MA				12					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make FORD Veh Config. 2 20									
Operator MERRY SORAYA Last First Middle				Owner MEDICAL TRANSP Last First Middle									
Address 402 RINDGE AVE (apt. 9L)				Address 224 CALVERY STREET									
City CAMBRIDGE State MA Zip 02140				City WALTHAM State MA Zip 02453									
Insurance Company NATIONAL INTERSTATE INSUR				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
5 2 Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved								13					
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				1 4 99 0 0 10 1									
MCDONALD, MICHELLE 224 CALVARY ST WALTHAM, MA 02453				F 3 1 4 99 0 0 10 1									
7 1 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 25699 Reg Type PAR Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2011 Veh Make MERZ Veh Config. 1 20									
Operator WOLPE ABBY Last First Middle				Owner WOLPE FRANK Last First Middle									
Address 52 HAGEN RD				Address 52 HAGEN RD									
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02459									
Insurance Company UNITED SERVICES AUTO				Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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 0 0 10 1									
WOLPE, FRANK 52 HAGEN RD NEWTON, MA 02459				M 3 1 4 99 0 0 10 1									

