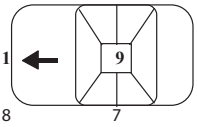
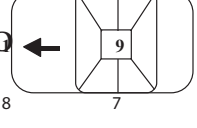


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 10/01/2021	Time of Crash 16:41 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:																																																																					
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____ EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			NOT AT INTERSECTION: Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____																																																																									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000780																																																																			
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Operator <u>SABET</u> <u>AMIN</u> _____ Address <u>65 CEDAR ST</u> _____ City <u>WELLESLEY HILLS</u> State <u>MA</u> Zip <u>02481</u> Insurance Company <u>GEICO</u>			Reg # <u>4WY550</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>																																																																									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																																																																												
Please fill out for operator and all occupants involved			<table border="1"><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>									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																																								
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																																																																			
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