

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/22/2021		Time of Crash 17:00 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:						9		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				EAST 433 CENTRE 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		
3 1				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000855			2	
License # _____ St MA DOB/Age _____				Reg # 6GT615 Reg Type PAN Reg State MA				12						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20				1						
Operator BORIS CONSTANCE				Owner (Same as operator)				1						
Address 22 COOLIDGE HILL RD (apt. 3)				Address _____				1						
City WATERTOWN State MA Zip 02472				City _____ State _____ Zip _____				1						
Insurance Company GEICO				Vehicle Action Prior to Crash 2 21				1						
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				1						
Citation # (If Issued) _____				Most Harmful Event 1 23				1						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				1						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				1						
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13						
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 ----- --- 1 4 4 0 0 10 1				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		1
License # _____ St MA DOB/Age _____				Reg # 3CL877 Reg Type PAN Reg State MA				1						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make VOLKS Veh Config. 2 20				1						
Operator FINE JOSELYN				Owner (Same as operator)				1						
Address 192 BOSTON POST RD (apt. 26)				Address _____				1						
City SUDBURY State MA Zip 01776				City _____ State _____ Zip _____				1						
Insurance Company ARBELLA				Vehicle Action Prior to Crash 1 21				1						
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				1						
Citation # (If Issued) _____				Most Harmful Event 1 23				1						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				1						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				1						
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13						
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/Non-Motorist See Above ----- --- 1 4 4 0 0 10 1				1						
FINE, LOUISA				192 BOSTON POST RD (apt 26) SUDBURY, MA 01776				F 4 4 4 4 0 0 10 1				1		

