

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|--|---------------------|--|---|----------------------|--|---|--|--|
| Date of Crash 10/22/2021 | Time of Crash 20:43 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: | | | | |
| EAST Route# Direction Name of Roadway/Street HOMER ST At | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | |
| SOUTH Route# Direction Name of Intersecting Roadway/Street WALNUT ST Also at Intersection with | | | Feet N S E W of Mile Marker Exit Number | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | |
| | | | Landmark | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 2100000858 | | |
| License # --- St MA DOB/Age --- | | | Reg # 46289 Reg Type PAR Reg State MA | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20 | | | | | | | | |
| Operator BOSKIN CLAIRE Last First Middle | | | Owner (Same as operator) Last First Middle | | | | | | | | |
| Address 14 KIPPY DR | | | Address | | | | | | | | |
| City NEWTON State MA Zip 02467 | | | City State Zip | | | | | | | | |
| Insurance Company COMMERCE INSURANCE | | | Vehicle Action Prior to Crash 2 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 | | | 3 4 | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 1 23 | | | 1 9 10 Undercarriage | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Driver Contributing Code 1 24 1 24 | | | 11 Totaled | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed N | | | 8 7 6 | | | | | |
| 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 See Above | | | ----- | | | 99 4 99 0 0 10 1 | | | | | |
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| 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 # 1TWH55 Reg Type PAN Reg State MA | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2006 Veh Make TOYOA Veh Config. 1 20 | | | | | | | | |
| Operator SOUZA MALU Last First Middle | | | Owner PERINI ERIC Last First Middle | | | | | | | | |
| Address 7 RANSOM ST | | | Address 107 CENTRE ST | | | | | | | | |
| City CARVER State MA Zip 02330 | | | City QUINCY State MA Zip 02169 | | | | | | | | |
| Insurance Company GOVERNMENT EMPLOYEES INSURANCE | | | Vehicle Action Prior to Crash 1 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 | | | 3 4 | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 1 23 | | | 1 9 10 Undercarriage | | | | | |
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| Please fill out for operator and all occupants involved | | | | | | | | | | | |
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| Operator/Non-Motorist See Above | | | ----- | | | 99 4 99 0 0 10 1 | | | | | |
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