

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/23/2021		Time of Crash 11:35 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				SOUTH 1390 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	4
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000859							
License # --- St MA DOB/Age --- Sex M Lic. Class A 18 18 Lic. Restrictions 9 19 CDL _____ Operator VARLEY PAUL Address 33 HERRICK AVE City HOLBROOK State MA Zip 02343 Insurance Company ACE AMERICAN INS				Reg # 2445852 Reg Type _____ Reg State IN Veh Year 2015 Veh Make INT Veh Config. 10 20 Owner TRANSPORTATION DFA DAIRY BRAND Address 1019 FLAXMILL RD City HINTINGTON State IN Zip 46750 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12	
Vehicle Travel Direction: N X E W Responding to Emergency? N 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												13	1
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													
WIATROWSKI, ZBIGNFEW 1019 FLAXMILL RD HUNTINGTON, IN 46750													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 ME DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator VANWORTHE MICHAEL E Address 737 NORTHWAY RD City WATERFORD State ME Zip 04088 Insurance Company MMG INS				Reg # 7119WN Reg Type PAS Reg State ME Veh Year 2010 Veh Make SUBA Veh Config. 2 20 Owner RICHARDSON BECKY Address 1434 (apt. 25) MAIN ST City OXFORD State ME Zip 17220 Vehicle Action Prior to Crash 5 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								8	9
Vehicle Travel Direction: N X E W Responding to Emergency? N 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													
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													
VANWORTHE, BRANDY 737 NORTHWAY RD WATERFORD, ME 04088													
VANWORTHE, DONNA 737 NORTHWAY (apt RD) WATERFORD, ME 04088													

