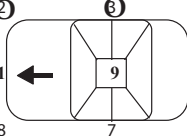
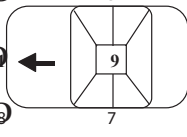


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 11/11/2021	Time of Crash 17:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
WEST NEWTONVILLE AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH LEWIS ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000936					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator EISENBERG ANDREW LEWIS Address 19 MOCCASIN PATH City NATICK State MA Zip 01760 Insurance Company CITIZENS INSURANCE COMPANY OF AMERICA Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 1BSD45 Reg Type PAN Reg State MA Veh Year 2017 Veh Make AUDI Veh Config. 2 20 Owner VETRANO JOHN Address 19 MOCCASIN PATH City NATICK State MA Zip 01760 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y 									
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 2 4 0 0 10 1 NONE									
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator DONER REUVEN Address 9 WINTHROP AVE City NEWTON State MA Zip 02458 Insurance Company GEICO GENERAL INSURANCE COMPANY Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 3NXV44 Reg Type PAN Reg State MA Veh Year 2021 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 									
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/Non-Motorist See Above ----- --- 1 1 4 0 0 9 2 NEWTON-WELLESLEY H									

