

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/04/2021	Time of Crash 18:07 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:							
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At EAST WASHINGTON 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 2100001017					
License # --- St TN DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator HOLT HANNAH Address 40 PARK ST (apt. 8) City NEWTON State MA Zip 02458 Insurance Company LIBERTY MUTUAL			Reg # BLV734 Reg Type PAS Reg State TN Veh Year 2014 Veh Make FORD Veh Config. 1 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 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N									
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled 9									
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 4 4 0 0 10 1									
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 MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ADEYEMI NATASHA JESTENUA Address 68 CHARLESBANK WAY (apt. B) City WALTHAM State MA Zip 02453 Insurance Company PROGRESSIVE DIRECT			Reg # 2JNH34 Reg Type PAN Reg State MA Veh Year 2015 Veh Make FORD Veh Config. 1 20 Owner ADEYEMI TYRELL JOURDAN Address 68 (apt. B) CHARLESBANK WAY City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N									
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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 4 4 0 0 10 1									
SHOWELL-MILLER, TAYLOR, SIMONE			25 ROSELLA STREET SPRINGFIELD, MA 01118		----- F 3		1 4 4		0 0 10 1			
ADEYEMI, AVA			68 CHARLESBANK WAY (apt B) WALTHAM, MA 02453		----- F 6		4 4 4		0 0 10 1			

