

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|--|--------------------------------|---------------------|---|---------------------|--|---|-------------------------------------|--|--|--|--|
| Date of Crash 12/11/2021 | Time of Crash 17:41 24HR | City/Town NEWTON | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 Latitude _____ Longitude _____ | State Police Local Police MBTA Police Other: | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| Route# Direction Name of Roadway/Street At | | | NORTH CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ | | | | 2 9 | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of _____ GIBBS ST Route# Intersecting Roadway/Street | | | | 2 10 | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of _____ | | | | 2 11 | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | 2 | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 2100001040 | | |
| License # --- St MA DOB/Age --- | | | Reg # 4GF449 Reg Type PAN Reg State MA | | | Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20 | | |
| Operator ELLIOT CAROLINE DODGE | | | Owner (Same as operator) | | | Address _____ | | | Address _____ | | |
| Address 17 ANTHONY RD | | | City PEABODY State MA Zip 01960 | | | City _____ State _____ Zip _____ | | | City _____ State _____ Zip _____ | | |
| Insurance Company PROGRESSIVE | | | Vehicle Action Prior to Crash 2 21 | | | Damaged Area Code: (Circle Up to Three) | | | Event Sequence 1 22 22 22 22 2 3 4 | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? N | | | Most Harmful Event 1 23 | | | Driver Contributing Code 5 24 24 | | | Underride/Override 25 Towed N | | |
| Citation # (If Issued) _____ | | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | 10 Undercarriage 5 11 Totalled | | |
| 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 | | | Operator See Above | | |
| 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 # 5SY282 Reg Type PAN Reg State MA | | | Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ | | | Veh Year 2012 Veh Make INFINITI Veh Config. 1 20 | | |
| Operator VANGJELI NIKOLIN | | | Owner (Same as operator) | | | Address _____ | | | Address _____ | | |
| Address 152 BEVERLY RD | | | City WORCESTER State MA Zip 01605 | | | City _____ State _____ Zip _____ | | | City _____ State _____ Zip _____ | | |
| Insurance Company ALLSTATE | | | Vehicle Action Prior to Crash 2 21 | | | Damaged Area Code: (Circle Up to Three) | | | Event Sequence 1 22 22 22 22 2 3 4 | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? N | | | Most Harmful Event 1 23 | | | Driver Contributing Code 1 24 24 | | | Underride/Override 25 Towed N | | |
| Citation # (If Issued) _____ | | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | 10 Undercarriage 5 11 Totalled | | |
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