

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/16/2021	Time of Crash 13:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 647 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ WHOLE FOODS Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100001053		
License # _____ St MA DOB/Age _____			Reg # 492NJ8			Reg Type PAN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2018			Veh Make NISSAN			Veh Config. 2 20		
Operator GEMELLI JR THOMAS Last First Middle			Owner (Same as operator)			First Middle					
Address 83 THORNTON RD			Address _____			City _____ State _____ Zip _____					
City WALTHAM State MA Zip 02454			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Insurance Company PLYMOUTH ROCK			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			10 Undercarriage 5 11 Totaled		
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Driver Contributing Code 99 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 _____											
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 99 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										1	
License # _____ St MA DOB/Age _____			Reg # 949RCG			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2011			Veh Make FORD			Veh Config. 1 20		
Operator KURKOSKI EILEEN Last First Middle			Owner (Same as operator)			Last First Middle					
Address 108 DERBY ST			Address _____			City _____ State _____ Zip _____					
City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Insurance Company ARBELLA MUTUAL			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			10 Undercarriage 5 11 Totaled		
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			Driver Contributing Code 99 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 _____											
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 4 99 0 0 8 1 NONE	

