

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/23/2021	Time of Crash 21:54 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:				
<div>14</div> Route# Direction Name of Roadway/Street At			<div>29</div> WEST 135 RANDLETT PK <div>210</div> Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
<div>21</div> Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			<div>114</div> Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								
<div>3</div> 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 2100001079		
License # --- St MA DOB/Age ---			Reg # 637XYM Reg Type PAN Reg State MA			Veh Year 2011 Veh Make HONDA Veh Config. 2 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner MARKLE JASON			Address 25 LINNETT ST			112		
Operator MARKLE MEREDITH VERONICA			City WEST ROXBURY State MA Zip 02132			City W ROXBURY State MA Zip 02132					
Insurance Company AMICA			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			<div>10 Undercarriage 5 11 Totaled</div>					
Citation # (If Issued) T1446550			Most Harmful Event 1 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 20 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved										132	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age _____			Reg # 3MLE99 Reg Type PAN Reg State MA			Veh Year 2021 Veh Make VOLVO Veh Config. 2 20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner CRAVEN CAROLYN S			Address 90 RANDLETT PK					
Operator _____			City W NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Address _____			Event Sequence 2 22 22 22 22			<div>10 Undercarriage 5 11 Totaled</div>					
City _____ State _____ Zip _____			Most Harmful Event 2 23								
Insurance Company COMMERCE			Driver Contributing Code 1 24 24								
Vehicle Travel Direction: N S E W Responding to Emergency? N			Underride/Override 25 Towed Y								
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										132	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
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										31 Trap Code	
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