

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/07/2022		Time of Crash 06:12 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
EAST CHARLESBANK RD												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
NORTH ST JAMES ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
				Route# Intersecting Roadway/Street								1	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000024							
License # _____ St _____ DOB/Age _____				Reg # 1MVT79				Reg Type PAN		Reg State MA			
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018				Veh Make CHEV		Veh Config. 1 20			
Operator SANTOS ANDERSON DE SOUZA				Owner (Same as operator)								12	
Address 159 LELAND ST				Address _____									
City FRAMINGHAM State MA Zip 01702				City _____ State _____ Zip _____									
Insurance Company GEICO				Vehicle Action Prior to Crash 3 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 25 22 22 22 22				2 3 4		10 Undercarriage			
Citation # (If Issued) T2014849				Most Harmful Event 25 23				1 24 24		5 11 Totalled			
Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed Y		6 7 8 9			
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		25	
Operator See Above				-----				1 4 4 0 0 10 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22				2 3 4		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 23				1 24 24		5 11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				Underride/Override 25 Towed _____		6 7 8 9			
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Operator/Non-Motorist See Above				-----				-----					

