

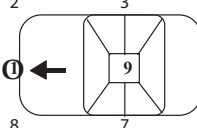
# Commonwealth of Massachusetts

Police Use Only			<b>Motor Vehicle Crash Police Report</b>				RMV Document Number			
Date of Crash 01/22/2022	Time of Crash 20:12 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>	

**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

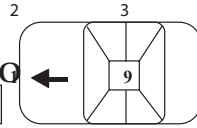
<p><b>NORTH CENTRE ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p><b>EAST WALNUT ST</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number <u>2200062</u>
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License # --- St <u>CA</u> DOB/Age ---	Reg # <u>32ZP98</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____	Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u>
Operator <u>ALLAIRE ANNE</u>	Owner <u>BURKE PATRICIA</u>
Address <u>11211 HAYTER AVE</u>	Address <u>57 SOUTH ST</u>
City <u>CULVER CITY</u> State <u>CA</u> Zip <u>90066</u>	City <u>NEEDHAM</u> State <u>MA</u> Zip <u>02492</u>
Insurance Company <u>ARBELLA</u>	Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>	Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>23</u> 
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override <u>25</u> Towed <u>Y</u>

Please fill out for operator and all occupants involved		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	3	99	0	0	10	1	
<b>BURKE, WILLIAM</b>	<b>57 SOUTH ST. NEEDHAM, MA 02492</b>	-----	M	3	1	3	99	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants	<input type="checkbox"/> Non-Motorist A Type <u>14</u>	Action <u>15</u>	Location <u>16</u>	Condition <u>17</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St <u>MA</u> DOB/Age ---	Reg # <u>3GWL74</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____	Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u>
Operator <u>BAIEVA MARYAM</u>	Owner <u>TOKEVA ZARA</u>
Address <u>47 CAPTAIN ROBERT COOKE DR.</u>	Address <u>47 CAPTAIN ROBERT COOK DR.</u>
City <u>NEEDHAM</u> State <u>MA</u> Zip <u>02492</u>	City <u>NEEDHAM</u> State <u>MA</u> Zip <u>02492</u>
Insurance Company <u>INTEGON NATIONAL</u>	Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>	Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>
Citation # (If Issued) <u>T2014399</u>	Most Harmful Event <u>1</u> <u>23</u> 
Violation 1: Ch <u>89/8</u> Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override <u>25</u> Towed <u>Y</u>

Please fill out for operator and all occupants involved		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	10	1	



