

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/31/2022	Time of Crash 14:42 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:				
Route# Direction Name of Roadway/Street At			SOUTH 27 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
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 22000088		
License # --- St MA DOB/Age ---			Reg # LV18590 Reg Type PAS Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2017 Veh Make FORD Veh Config. 1 20		
Operator FULLOP NICOLE			Owner THE SALVATION AR			Address 65 FALMOUTH RD			Address 25 SHAWMUT RD		
City NEWTON State MA Zip 02465			City CANTON State MA Zip 02021			Insurance Company ZURICH AMERICAN			Vehicle Action Prior to Crash 11 21 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? N			Event Sequence 1 22 22 22 22 2			Citation # (If Issued)			Most Harmful Event 1 23		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled		
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	
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 # L41408 Reg Type CON Reg State MA	
Sex M Lic. Class D 18 18 B Lic. Restrictions 1 19 CDL X										Veh Year 2006 Veh Make FREIGHT Veh Config. 13 20	
Operator GIPSON GARRETT THEODORE										Owner LANE INC KERIVAN	
Address 13 WOODFALL RD										Address 30 CHARLES ST	
City MEDFIELD State MA Zip 02052										City NEEDHAM State MA Zip 02494	
Insurance Company IMPERIUM										Vehicle Action Prior to Crash 1 21 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? N										Event Sequence 2 22 22 22 22 2	
Citation # (If Issued)										Most Harmful Event 2 23	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Driver Contributing Code 19 24 24	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Underride/Override 25 Towed N	
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 10 1	

