

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/13/2022		Time of Crash 18:32 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		
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				NORTH 49		BALDPATE HILL RD						2		
				Route# Direction Address #		Name of Roadway/Street						10		
				Feet N S E W of		Mile Marker Exit Number								
				Feet N S E W of		Route# Intersecting Roadway/Street						11		
Feet N S E W of		Landmark						1						
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000145								
License # --- St MA DOB/Age ---				Reg # 1HVF83				Reg Type PAN				Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2019				Veh Make MAZDA				Veh Config. 1 20		
Operator MONRAD CAROLINE				Owner (Same as operator)										12
Address 40 BALDPATE HILL RD				Address										
City NEWTON State MA Zip 02459				City State Zip										
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 35 22 22 22 22 22				Event Sequence 35 23				10 Undercarriage		
Citation # (If Issued)				Most Harmful Event 35 23				Driver Contributing Code 1 24 24				5 11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec				Underride/Override 25 Towed N										
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
Operator				See Above				---				---		27
KOTHAR, SZU-RAJ				119 APPLETON ST BOSTON, MA 02116				---				M		28
														29
														30
														31
														32
														33
														Medical Facility
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 15 97 Location 16 5 Condition 17 1 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												30		
License # --- St DOB/Age ---				Reg #				Reg Type				Reg State		
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year				Veh Make				Veh Config. 20		
Operator BLOTNER MARK				Owner										
Address 49 BALDPATE HILL RD				Address										
City NEWTON State MA 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 22				Event Sequence 23				10 Undercarriage		
Citation # (If Issued)				Most Harmful Event 23				Driver Contributing Code 24 24				5 11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec				Underride/Override 25 Towed										
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
Operator/Non-Motorist				See Above				---				---		27
														28
														29
														30
														31
														32
														33
														Medical Facility

