

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/23/2022	Time of Crash 10:46 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 1	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"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<div>1 1</div> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<div>2 9</div> <div>2 10</div> 16 EAST 1600 WASHINGTON 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 _____ • _____ or _____ 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 _____							
<div>2 1</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			<div>11 2</div>							
<div>3 1</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000242	
License # _____ St MA DOB/Age _____			Reg # 3XLK31 Reg Type PAN Reg State MA			Veh Year 2007 Veh Make JEEP Veh Config. 1 20			<div>12 1</div>	
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment _____			Operator POCHELIZ JESUS			Owner (Same as operator)				
Address 31 BROOKFIELD ST (apt. 2)			City LAWRENCE State MA Zip 01843			Insurance Company THE HANOVER INS COMP				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				
<div>6 1</div> Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Event Sequence 1 22 97 22 1 22 22 2			Most Harmful Event 1 23			<div>13 1</div>	
Please fill out for operator and all occupants involved			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			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)				
Operator			See Above			Underride/Override 25 Towed Y				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 # 174XP2 Reg Type PAN Reg State MA			Veh Year 2008 Veh Make HONDA Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment _____			Operator GALLAGHER NILDACY			Owner (Same as operator)				
Address 27 LITTLE NAHANT RD			City NAHANT State MA Zip 01908			Insurance Company OHIO SECURITY INS COMP				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				
<div>8 2</div> Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			<div>11 1</div>	
Please fill out for operator and all occupants involved			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			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Operator/Non-Motorist			See Above			Underride/Override 25 Towed Y				

