

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/24/2022		Time of Crash 18:12 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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				WEST 697 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10 11 3		
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 22000247					3	
License # --- St NH DOB/Age ---				Reg # 4603338 Reg Type PASS Reg State NH										
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2010 Veh Make HYUNDAI Veh Config. 1 20										
Operator GADOURY THERESA A				Owner (Same as operator)									12	
Address 1155 ISLINGTON ST (apt. 5)				Address										
City PORTSMOUTH State NH Zip 02801				City State Zip										
Insurance Company GEICO				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6						
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									1	
Operator See Above				1 4 4 0 0 10 1										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # AP37498 Reg Type PAS Reg State CT										
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20										
Operator DRUKER CHARLES				Owner MACKINNON JOHN										
Address 145 HIGHLAND ST				Address 58 QUANADUCK RD										
City NEWTON State MA Zip 02465				City STONINGTON State CT Zip 06378										
Insurance Company FARMERS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6						
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										
Operator/Non-Motorist See Above				1 2 1 0 0 10 1										
DRUKER, LILY 145 HIGHLAND ST WEST NEWTON, MA 02465				F 3 1 2 1 0 0 10 1										

