

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/29/2022	Time of Crash 13:18 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At			EAST 1917 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street			Landmark											
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000259					
License # --- St RI DOB/Age ---			Reg # WD915 Reg Type PASSENGER Reg State RI			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2008 Veh Make HONDA Veh Config. 1 20					
Operator DURAN-MARTINEZ LUIS A			Owner (Same as operator)			Address			Address					
City PROVIDENCE State MA Zip 02907			City State Zip			Insurance Company UK			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24					
Citation # (If Issued)			Underride/Override 25 Towed N			Diagram			10 Undercarriage 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec											
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		See Above		---	---	1	4	4	0	0	10	1	NONE	
VANPELT, DIANE		10 BONNIE AVE NEW HARTFORD, NY 13413		---	F	4	1	4	4	0	0	10	1	NONE
VANPELT, ROBERT		10 BONNIE AVE NEW HARTFORD, NY 13413		---	F	6	1	4	4	0	0	10	1	NONE
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 # 2290WY Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2015 Veh Make ACURA Veh Config. 1 20					
Operator MAMIS PIPER S			Owner MAMIS TIMOTHY			Address			Address					
City NEWTON State MA Zip 02466			City NEWTON State MA Zip 02466			Insurance Company NORFOLK & DEDHAM MUTUAL FIRE INSURANCE			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 5 24 24					
Citation # (If Issued)			Underride/Override 25 Towed N			Diagram			10 Undercarriage 11 Totaled					
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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	4	0	0	10	1	NONE	

