

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																			
Date of Crash 04/06/2022	Time of Crash 07:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	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:																																																																					
<div>11Route# Direction Name of Roadway/Street At</div> <div>22Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>35Route# Direction Name of Intersecting Roadway/Street</div>			<div>SOUTH 332 LANGLEY RD</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																																																																							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000275																																																																			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Operator JONES AUDLEY Address 35 HAMLET ST (apt. 35) City NEWTON State MA Zip 02459 Insurance Company GEICO			Reg # 2XWV18 Reg Type PAN Reg State MA Veh Year 2019 Veh Make CHEVY Veh Config. 2 20 Owner JONES AUDLEY WASHINGTON Address 35 (apt. 35) HAMLET ST. City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 7 21 Damaged Area Code: (Circle Up to Three) Event Sequence 20 22 21 22 22 22 2 3 4 Most Harmful Event 21 23 10 Undercarriage Driver Contributing Code 9 24 12 24 5 11 Totaled Underride/Override 25 Towed Y																																																																							
Please fill out for operator and all occupants involved			<table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>99</td><td>3</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							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	-----	---	---	99	3	99	0	0	10	1																																								
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