

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/22/2022		Time of Crash 10:03 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30 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 1600 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
1 1		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 22000331						2	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator KATZ ANA G Address 4 REPTON PL (apt. 4912) City WATERTOWN State MA Zip 02472 Insurance Company PROGRESSIVE				Reg # 4YG713 Reg Type PAN Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 11 Totaled Underride/Override 25 Towed Y								12	
5 1				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								13	
7 1				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 ME DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LEARY PAIGE Address 1390 RTE. 3 City PALERMO State ME Zip 04354 Insurance Company GEICO Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Reg # 330639 Reg Type PAN Reg State ME Veh Year 2007 Veh Make FORD Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed Y								13	
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Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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CDP1 11 -24:00