

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 04/27/2022	Time of Crash 08:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 25 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	
SOUTH CHESTNUT ST											2	
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				10	
EAST DAVIS ST												
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Feet N S E W of _____				11	
Route# Direction Name of Intersecting Roadway/Street							Feet N S E W of _____				3	
Route# Direction Name of Intersecting Roadway/Street							Landmark					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000347			
License # --- St NY DOB/Age ---			Reg # B957 Reg Type COR Reg State MA			Veh Year 2018 Veh Make DODGE Veh Config. 2 20						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner HERITAGE CORP CONSTRUCTION			Address 1231 WASHINGTON ST.					12	
Operator ANDRADE WICTOR HUGO			City NEWTON State MA Zip 02458			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			
Address 337 WASHINGTON ST (apt. 1)			City NEWTON State MA Zip 02465			Event Sequence 1 22 22 22 22 2 3 4			10 Undercarriage			
Vehicle Travel Direction: N X E W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			5 11 Totaled			
Citation # (If Issued) _____			Underride/Override 25 Towed N			6						
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											13	
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility
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											1	
License # --- St PA DOB/Age ---			Reg # KWZ5583 Reg Type PAS Reg State PA			Veh Year 2015 Veh Make CHEVROLET Veh Config. 1 20						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____						
Operator MARTIS AMIR ANDREW			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)			
Address 163 LEXINGTON ST (apt. 33)			City NEWTON State MA Zip 02466			Event Sequence 1 22 22 22 22 2 3 4			10 Undercarriage			
Vehicle Travel Direction: N S X W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 4 24 24			5 11 Totaled			
Citation # (If Issued) T1271203			Underride/Override 25 Towed Y			6						
Violation 1: Ch 90/9/B Sec _____ Violation 2: Ch 89/9 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
Operator/Non-Motorist			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility

