

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/13/2022		Time of Crash 14:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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	
CHERRY ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
EAST WASHINGTON ST						Feet N S E W of _____ • _____ or _____ 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						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark						2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000395							
License # --- St MA DOB/Age ---				Reg # S50171		Reg Type CON		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2016		Veh Make CHEV		Veh Config. 2 20					
Operator HIGGINS FREDRICK				Owner (Same as operator)									12
Address 28 HIGATE RD				Address									
City CHELMSFORD State MA Zip 01824				City		State		Zip					
Insurance Company CITATION INSURANCE				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 3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 6		11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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		-----		--- --- 99 4 99 0 0 10 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 MA DOB/Age ---				Reg # 526FG1		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2011		Veh Make HONDA		Veh Config. 1 20					
Operator TRUONG VICKI				Owner (Same as operator)									
Address 272 BOSTON AVE (apt. 1)				Address									
City MEDFORD State MA Zip 02155				City		State		Zip					
Insurance Company AMERICAN FAMILY CONNECT				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 3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24		8 7 6		11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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		-----		--- --- 99 4 99 0 0 10 1					

