

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/11/2022	Time of Crash 00:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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			NORTH 500 CENTRE ST				Route# Direction Address # Name of Roadway/Street				2
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				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
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000512		2
License # --- St MA DOB/Age ---			Reg # 9FX759 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make JEEP Veh Config. 1 20		12
Operator SALES JONATHAN			Owner SALES NAOMI			Address 1429 CENTRE STREET			Address 16 (apt. 7A) HARCOURT ST		6
City NEWTON State LA Zip 02459			City BOSTON State MA Zip 02116			Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Citation # (If Issued) T1445644			Most Harmful Event 2 23		
Violation 1: Ch 89/4A Sec Violation 2: Ch Sec			Driver Contributing Code 9 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		
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		13
Operator			See Above			---					2
ESPINOSA, CATALINA			1429 CENTRE ST NEWTON, MA 02459			---			F 3 1 4 1 0 0 10 1		
SALES, SARA			1429 CENTRE ST NEWTON, MA 02459			---			F 4 1 4 1 0 0 10 1		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # 2RRY99 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 M 18 Lic. Restrictions B 19 CDL _____			Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20		
Operator HOSSAIN MOHAMMAD			Owner (Same as operator)			Address 16 DOUGLAS RD			Address _____		
City ASHLAND State MA Zip 01721			City _____ State _____ Zip _____			Insurance Company GEICO			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 97 22 22 22 22			Citation # (If Issued) _____			Most Harmful Event 97 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			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			---					
FERRARA, ISABELLA			15 SHERIDAN RD BEDFORD, MA 01730			---			F 4 99 4 1 0 0 10 1		ST. ELIZABETHS
GONNELLA, ANTHONY, J			3 PATRICIA DR AYER, MA 01432			---			M 6 99 4 1 0 0 10 1		

