

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 06/21/2022	Time of Crash 09:35 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:													
EAST Route# Direction Name of Roadway/Street At NORTH Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			HANCOCK ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark																	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000550											
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator GHAG NAMRATA ULHAS Address 2350 COMMONWEALTH AVE City NEWTON State MA Zip 02466 Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA			Reg # 1WZA13 Reg Type PAN Reg State MA Veh Year 2020 Veh Make TOYOTA Veh Config. 1 20 Owner THUMMPUDI JAYA PRAKASH Address 2350 COMMONWEALTH AVE City NEWTON State MA Zip 02466 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed Y																	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) 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 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 NONE																	
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator MERKOWITZ ALEXANDER SOKOLOFF Address 16 WILLISTON RD City NEWTON State MA Zip 02466 Insurance Company THE STANDARD FIRE INSURANCE COMPANY			Reg # 25NH76 Reg Type PAN Reg State MA Veh Year 2017 Veh Make SUBARU Veh Config. 1 20 Owner MERKOWITZ HOWARD J Address 16 WILLISTON RD City NEWTON State MA Zip 02466 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 1 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N																	
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