

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/27/2022		Time of Crash 10:49 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:							
<div><div>NORTH</div><div>RTE 128</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>WASHINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>						<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000574							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator GARFINKLE DAVID Address 27 BLACKSMITH RD City RAYNHAM State MA Zip 02767 Insurance Company SAFECO						Reg # 1939KV Reg Type PAN Reg State MA Veh Year 2012 Veh Make HYUN Veh Config. 1 20 Owner GARFINKLE MICHELLE Address 27 BLOACKSMITH RD City RAYNHAM State MA Zip 02767 Vehicle Action Prior to Crash 3 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 5 11 Totaled Underride/Override 25 Towed N 6							
Please fill out for operator and all occupants involved						13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System 26 27 28 29 30 31 32 33 Medical Facility													
Operator See Above						---							
GARFINKLE, MICHELLE 27 BLOACKSMITH RD RAYNHAM, MA 02767						F 3 1 4 4 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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator BUTERA JR LEOPOLD Address 44 JEFFREY AVE City WAYLAND State MA Zip 01778 Insurance Company SAFETY						Reg # P56159 Reg Type CON Reg State MA Veh Year 2003 Veh Make CHEV Veh Config. 13 20 Owner BUTERA NICHOLAS Address 126 ADAMS AVE City NEWTON State MA Zip 02465 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 1 24 24 5 11 Totaled Underride/Override 25 Towed N 6							
Please fill out for operator and all occupants involved						13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System 26 27 28 29 30 31 32 33 Medical Facility													
Operator/Non-Motorist See Above						---							

