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|---|--|----------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|---|---------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 07/06/2022 | | Time of Crash 17:05 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 | |
| WEST ASHMONT AVE | | | | | | | | | | 2 | | | |
| Route# Direction Name of Roadway/Street | | | | Route# Direction Address # Name of Roadway/Street | | | | | | 10 | | | |
| At | | | | Feet N S E W of _____ or _____ | | | | | | | | | |
| SOUTH CRAFTS ST | | | | Mile Marker Exit Number | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Feet N S E W of _____ | | | | | | 11 | | | |
| Also at Intersection with | | | | Route# Intersecting Roadway/Street | | | | | | 2 | | | |
| 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 22000601 | | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # 8BT115 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2010 Veh Make HONDA Veh Config. 1 20 | | | | | | | | | |
| Operator WHALEN KATELYN | | | | Owner (Same as operator) | | | | | | | | 12 | |
| Address 1 AHERTON ST (apt. 1) | | | | Address _____ | | | | | | | | | |
| City QUINCY State MA Zip 02169 | | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company GEICO | | | | Vehicle Action Prior to Crash 2 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 | | | | 2 3 4 | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | 10 Undercarriage | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | 11 Totaled | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | 8 7 6 | | | | | |
| 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 | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 2YMF48 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2019 Veh Make VOLK Veh Config. 1 20 | | | | | | | | | |
| Operator IANNUZZI CARA | | | | Owner IANNUZZI NICHOLAS | | | | | | | | | |
| Address 45 VAN NESS RD | | | | Address 45 VAN NESS RD | | | | | | | | | |
| City BELMONT State MA Zip 02478 | | | | City BELMONT State MA Zip 02478 | | | | | | | | | |
| Insurance Company ARBELLA MUTUAL INS | | | | Vehicle Action Prior to Crash 1 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 | | | | 2 3 4 | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | 10 Undercarriage | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 5 24 19 24 | | | | 5 11 Totaled | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | 8 7 6 | | | | | |
| 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/Non-Motorist See Above | | | | | | | | | | | | | |
| IANNUZZI, LAYNA 45 VAN NESS RD BELMONT, MA 02478 | | | | | | | | | | | | | |
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