

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/09/2022		Time of Crash 13:58 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>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>29</div> <div>NORTH 9 VINE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>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>210</div>							
						<div>114</div>							
						<div>112</div>							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000615							
License # _____ St _____ DOB/Age _____						Reg # 3ENS89 Reg Type PAN Reg State MA							
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____						Veh Year 2021 Veh Make MAZDA Veh Config. 1 20							
Operator _____						Owner CIENCIN ALEXA NICOLE							
Address _____						Address TON (apt. 933) BROOKLINE ST							
City _____ State _____ Zip _____						City BOSTON State MA Zip 02215							
Insurance Company ALLSTATE						Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N						Event Sequence 1 22 22 22 22 2							
Citation # (If Issued) _____						Most Harmful Event 1 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						<div>132</div>							
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													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Age _____						Reg # UNKNOWN Reg Type PAN Reg State MA							
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____						Veh Year _____ Veh Make UNKNOWN Veh Config. 1 20							
Operator _____						Owner _____							
Address _____						Address _____							
City _____ State _____ Zip _____						City _____ State _____ Zip _____							
Insurance Company _____						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N						Event Sequence 2 22 22 22 22 2							
Citation # (If Issued) _____						Most Harmful Event 2 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 19 24 97 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved						<div>132</div>							
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													

