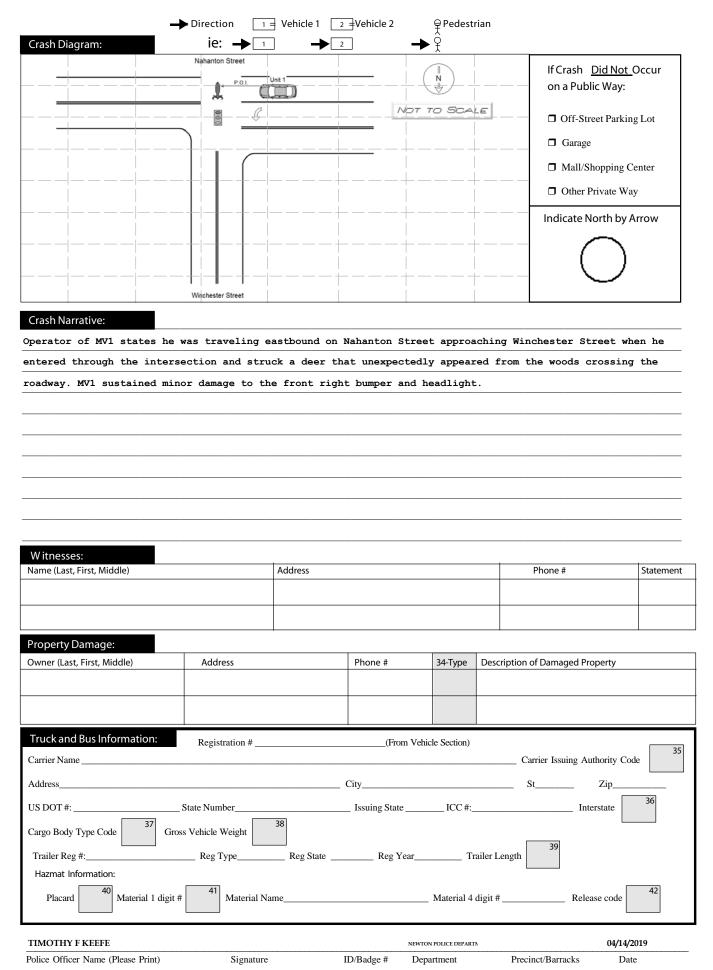
	Poli	ice Use Only		Commonw	vealth	of Mass	achu	setts			RMV I	Docume	nt Number		
	Date of Crash 04/14/2019	Time of Crash 00:04 24HR	City/Town NEWTON	17100		nicle Cra Report	ash [	Number Vehicles 1	Number Injured 0	Latitu	l Limit <u>3</u> ıde itude	I	State Police Local Police MBTA Police Other:	Xi	
			SECTION:	<	LOCA		>		NOT	ATI	NTEF	RSECT	TION:	<b>—</b>	
	EAST	г нанан	NTON ST											2	
1 <b>4</b>	·	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Stre						reet	2	
	SOUTH WINCHESTER ST					Feet NSEW of or							$ \frac{2}{}$		
	Route# Direc			ersecting Roadway/Street					Mile Marker			Exit Number			
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street							ay/Street	<b>6</b> <sup>11</sup>	
2 <b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									
3	Route# Direc	tion		Landmark											
	XVehicle1	_1_#Occupants	Hit/Run	Case Number	umber 1900000374										
	License # St MA DOB/Age					Reg # 9JM495 Reg Type PAN Reg State MA									
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2018 Veh Make AUDI Veh Config. 1									
4	Operator HERWAGEN DMITRY  Last First Middle					Owner KARPELSON LEAH Last First Middle									
3	Address 44 HIGH ST					Address 352 BROOKLINE ST First Middle								- <b>1</b>	
	City NEWTO	N	State	MA Zip 02464	City_	ty NEWTON State $\frac{MA}{2}$ Zip $\frac{02459}{2}$							02459		
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)									
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Respon	ding to Emergency?_	Event	Sequence 5	22 22		22 0		3	4			
	Citation # (If I	ssued)			Most	Harmful Event	5 23		1	←	9	5	10 Undercarri 11 Totaled	age	
6	Violation	1: ChSec	Violation 2:	ChSec	_ Drive	r Contributing C			24		<u></u>				
<sup>6</sup> 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical						o. Medical Facilit	<sub>ty</sub> 5		
	Operator			See Above				1	4 4	0	0 10	0 1			
														$\neg$	
<sup>7</sup> <b>3</b>	Please Select C of the Followi	I Venicle	# Occupants	Non-Motorist A	Туре	14 Action	15 Loca		16 Condi	tion	17	Hit/R	Run Mop	ed	
	License # St DOB/Age					eg #Reg TypeReg State_							_		
	Sex Lic. Class					h YearVeh MakeVeh Config.						g. <b>20</b>			
8 <b>1</b>	Operator					Owner Last First Middle									
_	Address					Last First Middle Address									
	City State Zip					City State Zip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEW Responding to Emergency?					·									
	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 24 24														
	Violation 3: ChSec Violation 4: ChSec					Underride/Override									
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB		26 27 28 eat Safety Airbag Ai Pos. System Status S		g Eject ch Code	Trap Inju	32 33 ury Transp tatus Code	Medical Facility	ity	
		Non-Motorist		See Above											
														$\dashv$	



CDP1 11 ·24·00