

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/28/2019		Time of Crash 15:55 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:						9		
BEACON ST												2		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
CHESLEY RD						Feet N S E W of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street _____						11		
Route# Direction Name of Intersecting Roadway/Street						Landmark _____						2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000670						
License # --- St MA DOB/Age ---				Reg # 2SDM71		Reg Type PAN		Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019		Veh Make JEEP		Veh Config. 2 20						
Operator ODNOSHEVNA YULIA				Owner (Same as operator)									12	
Address 12 CIRCUIT AVE				Address _____										
City NEWTON State MA Zip 02461				City _____ State _____ Zip _____										
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage 11 Totaled						
Citation # (If Issued) _____				Most Harmful Event 1 23		1 24 24		8 7 6						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N								
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													1	
Operator See Above				-----		---		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 NY DOB/Age ---				Reg # JHP3085		Reg Type PAS		Reg State NY						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2009		Veh Make TOYOTA		Veh Config. 1 20						
Operator EPSTEIN MARK				Owner EPSTEIN WILLIAM										
Address 14 OLD VILLAGE LN				Address 140 (apt. 1410) RIVERSIDE										
City KATONAH State NY Zip 10536				City NEW YORK State NY Zip 10069										
Insurance Company GARRISON PROP				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage 11 Totaled						
Citation # (If Issued) _____				Most Harmful Event 1 23		5 24 24		8 7 6						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24		Underride/Override 25 Towed Y								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
Please fill out for operator and all occupants involved														
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility														
Operator/Non-Motorist See Above				-----		---		1 4 4		0 0 10 1				

