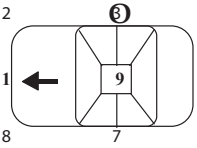
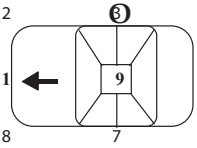
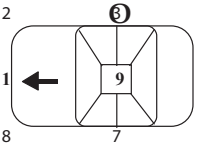
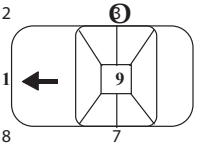
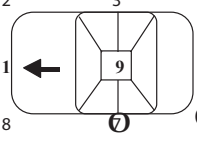
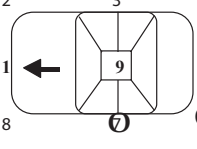
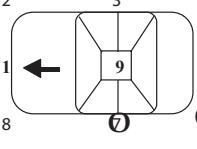
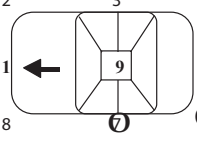


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/20/2019	Time of Crash 08:23 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 400 CENTRE AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000849			
License # _____ St MA DOB/Age _____			Reg # 602YMA		Reg Type PAN		Reg State CT			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2011		Veh Make NISSAN		Veh Config. <u>2</u> <u>20</u>			
Operator ZORUBAITE IVETA Last First Middle			Owner ZORUBIENE NERINGA Last First Middle							
Address 457 CENTRE ST			Address 21 SAXON RD							
City NEWTON State MA Zip 02458FF			City BETHEL State CT Zip 06801							
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		8 					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N		6 					
Please fill out for operator and all occupants involved										
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			-----		---		1 4 99 0 0 10 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St OH DOB/Age _____			Reg # HVU8416		Reg Type PAN		Reg State OH			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2010		Veh Make HONDA		Veh Config. <u>1</u> <u>20</u>			
Operator DAVIS RACHEL Last First Middle			Owner (Same as operator)							
Address 904 KINGSTON DR			Address _____							
City HAMILTON State OH Zip 45013			City _____ State _____ Zip _____							
Insurance Company STATE FARM			Vehicle Action Prior to Crash <u>5</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>9</u> <u>24</u> <u>4</u> <u>24</u>		8 					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N		6 					
Please fill out for operator and all occupants involved										
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			-----		---		1 4 99 0 0 10 1			

