

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/20/2019	Time of Crash 13:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				
Route# Direction Name of Roadway/Street At			WEST 1309 WASHINGTON ST Route# Direction Address # Name of Roadway/Street			Feet N S E W of . or Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of			Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001317	
License # --- St MA DOB/Age ---			Reg # 762ZC7 Reg Type PAN Reg State MA			Veh Year 2020 Veh Make BMW Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator SEITO SHUI-KI Last First Middle			Owner (Same as operator) Last First Middle				
Address 226 POND ST (apt. 3)			City NATICK State MA Zip 01760			City State Zip				
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			10 Undercarriage				
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			8 7 6				
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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 3 #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 # 5TY427 Reg Type PAN Reg State MA			Veh Year 2001 Veh Make FORD Veh Config. 2 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator MYLER HARRISON J Last First Middle			Owner KARAGUESIAN SARO Last First Middle				
Address 10 HARNDEN AVE			City WATERTOWN State MA Zip 02472			City WATERTOWN State MA Zip 02472				
Insurance Company SAFETY			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			10 Undercarriage				
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 97 24 24			8 7 6				
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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				
KARAGUESIAN, SARO			88 EVANS ST. WATERTOWN, MA 02472			--- M 3 1 4 99 0 0 10 1				
PIERIE, ISSIAH			ROBERT FORD RD WATERTOWN, MA 02472			--- M 4 99 4 99 0 0 10 1				

