

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/20/2019	Time of Crash 14:41 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:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 2281 WASHINGTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>11Feet N S E W of or Exit Number</div> <div>12Feet N S E W of</div> <div>13Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001324			
License # --- St CT DOB/Age ---			Reg # AR76368		Reg Type PAN		Reg State CT			
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL			Veh Year 2007		Veh Make HOND		Veh Config. 2 20			
Operator GUSTAVE JOSEPH J			Owner (Same as operator)							
Address 39 RUDGECREST RD			Address							
City GLASTONBURY State CT Zip 06033			City		State		Zip			
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8		6			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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 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 MA DOB/Age ---			Reg # 1JLR77		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL			Veh Year 2019		Veh Make TOYT		Veh Config. 2 20			
Operator DEPZHAVETS SVETLANA I			Owner LEASE TRUST TOYOTA							
Address 2251 WASHINGTON ST (apt. G)			Address BX 105386							
City NEWTON State MA Zip 02462			City ATLANTA		State GA		Zip 30348			
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Q		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		Q		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 4 24 24		8		6			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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 4 0 0 10 1					

