

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash: 02/07/2020
Time of Crash: 17:58
City/Town: NEWTON
24HR

Motor Vehicle Crash Police Report

Number Vehicles: 3
Number Injured: 0
Speed Limit: 30
Latitude: _____
Longitude: _____
State Police:
Local Police:
MBTA Police:
Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

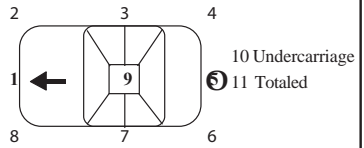
WEST DEDHAM ST
Route# Direction Name of Roadway/Street
At
SOUTH RACHEL RD
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
Feet [N S E W] of _____ or _____
Mile Marker Exit Number
Feet [N S E W] of _____
Route# Intersecting Roadway/Street
Feet [N S E W] of _____
Landmark

Vehicle 1 3 #Occupants Hit/Run Moped Case Number 200000133

License # --- St MA DOB/Age --- Reg # 6WZ736 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2015 Veh Make HONDA Veh Config. 2 20
Operator FEDEROV OLEKSANDR Owner (Same as operator)
Address 16 CALDWELL RD Address _____
City WALTHAM State MA Zip 02453 City _____ State _____ Zip _____

Insurance Company THE STANDARD FIRE Vehicle Action Prior to Crash 4 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
Citation # (If Issued) _____ Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code 1 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override 25 Towed N



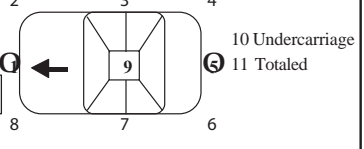
Please fill out for operator and all occupants involved

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	3	0	0	10	1	
FEDOROVA, NATALIYA	16 CALDWELL RD WALTHAM, MA 02453	-----	F	3	1	4	3	0	0	10	1	
FEDEROV, NICHOLAS	16 CALDWELL RD WALTHAM, MA 02453	-----	M	6	1	4	3	0	0	10	1	

Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # --- St PA DOB/Age --- Reg # 1LNS68 Reg Type PAN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2019 Veh Make NISSAN Veh Config. 2 20
Operator BIALUHA AKSANA Owner (Same as operator)
Address 9157 RYERSON RD Address _____
City PHILADELPHIA State PA Zip 19114 City _____ State _____ Zip _____

Insurance Company SAFETY INSURANCE 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 1 22 22 22 2
Citation # (If Issued) _____ Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code 1 24 24
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	3	0	0	10	1	

