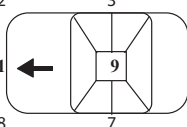
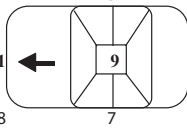


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 12/11/2020		Time of Crash 12:50 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude _____ 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:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>EAST 191 PEARL ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>3</div> <div><input checked="" type="checkbox"/> Vehicle 1 0 #Occupants</div>		<div><input checked="" type="checkbox"/> Hit/Run</div>		<div><input type="checkbox"/> Moped</div>		Case Number 200000727																																																																						
<div>43</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____ Last _____ First _____ Middle _____</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company PROGRESSIVE</div>						<div>112</div> <div>Reg # 7WBT90 Reg Type PAN Reg State MA</div> <div>Veh Year 2016 Veh Make MERCEDES Veh Config. 2 20</div> <div>Owner KHODYUK IVAN</div> <div>Address 18 RUSTIC ST</div> <div>City NEWTON State MA Zip 02158</div> <div>Vehicle Action Prior to Crash 11 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 2 22 22 22 22</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
<div>51</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>																																																																												
<div>61</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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	-----	---	---																																																					
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<div>71</div> <div>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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>																																																																												
<div>82</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator CHIEU CANCUONG</div> <div>Address 13 CRATS ST.</div> <div>City NEWTON State MA Zip 02458</div> <div>Insurance Company SAFETY</div>						<div>1021</div> <div>Reg # 1326AA Reg Type PAN Reg State MA</div> <div>Veh Year 2016 Veh Make HONDA Veh Config. 2 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 10 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 2 22 22 22 22</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 19 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
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