

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/22/2021	Time of Crash 08:17 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 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			SOUTH 101 GRANT AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____				Route# Direction Name of Roadway/Street Feet N S E W of _____				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000039		
License # --- St MA DOB/Age ---			Reg # 54FF98 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2004 Veh Make LEXUS Veh Config. 1 20		
Operator SPARANE LILIYA			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____		
Address 421 WAVERLEY AVE			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21		
Insurance Company QUINCY MUTUAL			Event Sequence 20 22 21 22 23 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Most Harmful Event 21 23			Driver Contributing Code 12 24 24			5 11 Totaled		
Citation # (If Issued) _____			Underride/Override 25 Towed Y			8 7 6					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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 type="checkbox"/> Vehicle # 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 DOB/Age ---			Reg # Reg Type Reg State			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year Veh Make Veh Config. 20		
Operator _____			Owner _____			Address _____			City _____ State _____ Zip _____		
Address _____			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 21		
Insurance Company _____			Event Sequence 22 22 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Most Harmful Event 23			Driver Contributing Code 24 24			5 11 Totaled		
Citation # (If Issued) _____			Underride/Override 25 Towed _____			8 7 6					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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					

