

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 02/08/2021 Time of Crash 12:39 City/Town NEWTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Other: X

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

EAST 2609 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Vehicle 1 Occupants Hit/Run Moped Case Number 210000093

License # --- St MA DOB/Age --- Reg # 8LD296 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Veh Year 2008 Veh Make TOYT Veh Config. 2 20 Operator ABRAMA BETSY Owner (Same as operator) Address 172 HYDE PARK AVE City JAMAICA PLAIN State MA Zip 02130

Insurance Company COMMERCE Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N

Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 1, 4, 4, 0, 0, 10, 1

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

License # --- St MA DOB/Age --- Reg # 5620KF Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Veh Year 2005 Veh Make TOYT Veh Config. 1 20 Operator MATUSOVSKIY GARI Owner (Same as operator) Address 41 PETERBOROUGH ST (apt. 31) City BOSTON State MA Zip 02215

Insurance Company NGM Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N

Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, ---, ---, ---, 1, 4, 4, 0, 0, 10, 1

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Vehicle 3 Occupants Hit/Run Moped Case Number 210000093

License # --- St MA DOB/Age --- Reg # 1TZD99 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 1995 Veh Make OLDS Veh Config. 1 20 Operator ALLEN RYAN CRAIG Owner (Same as operator) Address 255 COUNTY RD

Insurance Company GEICO Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S X 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

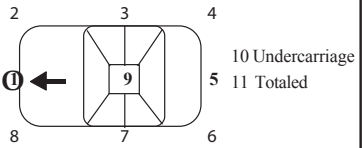


Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 1, 4, 4, 0, 0, 10, 1.

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

License # --- St --- DOB/Age --- Reg # --- Reg Type --- Reg State --- Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Endorsment Veh Year --- Veh Make --- Veh Config. 20 Operator --- Owner --- Address --- City --- State --- Zip ---

Insurance Company --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S E W Responding to Emergency? \_\_\_ Event Sequence 22 22 22 22 2

Citation # (If Issued) Most Harmful Event 23

Violation 1: Ch \_\_\_ Sec \_\_\_ Violation 2: Ch \_\_\_ Sec \_\_\_ Driver Contributing Code 24 24

Violation 3: Ch \_\_\_ Sec \_\_\_ Violation 4: Ch \_\_\_ Sec \_\_\_ Underride/Override 25 Towed \_\_\_

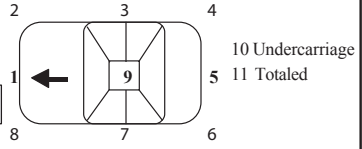


Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, ---, ---, ---.

