

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/08/2021		Time of Crash 19:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9		
Route# Direction Name of Roadway/Street At				SOUTH 734 CENTRE ST		Route# Direction Address # Name of Roadway/Street						2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____ Route# Intersecting Roadway/Street _____						10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark _____						11		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000095					2	
License # --- St MA DOB/Age ---				Reg # 2294HK		Reg Type PAN		Reg State MA					9	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011		Veh Make TOYOTA		Veh Config. 1 20					10	
Operator LUCAS HEATHER ANNE				Owner (Same as operator)		First Middle		Address _____					11	
Address 92 TEMPLE ST (apt. 2)				City WEST ROXBURY		State MA Zip 02132		Insurance Company COMMERCE INSURANCE					12	
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 11 Totaled					13	
Citation # (If Issued) _____				Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y					1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Vehicle Action Prior to Crash 2 21		Please fill out for operator and all occupants involved					13	
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 9 2		NEWTON-WELLESLEY H					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		1
License # --- St MA DOB/Age ---				Reg # 6PB149		Reg Type PAN		Reg State MA					13	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014		Veh Make MITSUBISHI		Veh Config. 1 20					10	
Operator PUTKARADZE LASHA				Owner (Same as operator)		First Middle		Address _____					11	
Address 157 SUMMER ST (apt. 3)				City WATERTOWN		State MA Zip 02472		Insurance Company PLYMOUTH ROCK ASSURANCE CORPORATION					12	
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 11 Totaled					13	
Citation # (If Issued) _____				Most Harmful Event 1 23		Driver Contributing Code 5 24 24		Underride/Override 25 Towed N					1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Vehicle Action Prior to Crash 1 21		Please fill out for operator and all occupants involved					13	
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		NONE					1	

