

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/10/2021	Time of Crash 18:19 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# Direction Name of Roadway/Street At			EAST 176 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000101			
License # --- St MA DOB/Age ---			Reg # 2NDK35		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2020		Veh Make TOYOTA		Veh Config. 1 20			
Operator SARKISOV ARSEN Last First Middle			Owner (Same as operator)		First Middle		Address			
Address 61 NYACK ST			City WATERTOWN		State MA Zip 02472		City State Zip			
Insurance Company GENERAL INSURANCE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2			
Vehicle Travel Direction: N S X W Responding to Emergency? N			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N			
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec		Violation 3: Ch Sec Violation 4: Ch Sec		10 Undercarriage 5 11 Totaled			
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		-----		-----			
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 Endorsment			Veh Year ---		Veh Make ---		Veh Config. 20			
Operator --- Last First Middle			Owner --- Last First Middle		Address ---		City --- State --- Zip ---			
Address ---			City --- State --- Zip ---		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company ---			Vehicle Travel Direction: N S E W Responding to Emergency? ---		Event Sequence 22 22 22 22 2		Most Harmful Event 23			
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Violation 3: Ch Sec Violation 4: Ch Sec							10 Undercarriage 5 11 Totaled			
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Operator/Non-Motorist			See Above		-----		-----			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**NOT TO SCALE**

178 Boylston St

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

**Crash Narrative:**

On 2/10/21 at approximately 1820 hours, I responded to Basset Furniture for report of a past hit and run. Owner of MV1 stated he came out to his vehicle and saw damage to the left rear bumper of his vehicle. There was damage to the rear end of his vehicle but was able to drive away from the scene.

a number was left 617-543-8628

Traffic Bureau update (Officer Gaudet): On Tuesday, February 16, 2021, I called the phone number provided by the RP with a negative result. The voice mail for the phone number provided no identifying information about the other party involved. A message was left to have this party contact me. Through a search, I discovered the phone number is registered to Mr. Mauricio Castri and the carrier is

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

Cargo Body Type Code  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

