

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/12/2021	Time of Crash 16:47 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 330 LINWOOD AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			200FT Feet X S E W of WALNUT ST Route# Intersecting Roadway/Street				10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11				
X Vehicle 1 # Occupants			X Hit/Run			Moped			Case Number 2100000110		
License # --- St MA DOB/Age ---			Reg # 1838VO Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2009 Veh Make CHEV Veh Config. 1 20		
Operator SMOLINSKY RIELLY L			Owner SMOLINSKY EDWARD			Address 96 DOBBINS ST			City WALTHAM State MA Zip 02451		
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			12		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued)			Underride/Override 25 Towed N			Diagram: 10 Undercarriage 11 Totaled			13		
Violation 1: Ch Sec Violation 2: Ch Sec			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			2		
Violation 3: Ch Sec Violation 4: Ch Sec			Please fill out for operator and all occupants involved								
Operator			See Above								
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 19 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)			13		
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued)			Underride/Override 25 Towed ---			Diagram: 10 Undercarriage 11 Totaled			14		
Violation 1: Ch Sec Violation 2: Ch Sec			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			15		
Violation 3: Ch Sec Violation 4: Ch Sec			Please fill out for operator and all occupants involved								
Operator/Non-Motorist			See Above								

