	Pol	ice Use Only		Common	wealth	of Mas	sacl	ıuse	etts		I	RMV I	Docume	ent Number			
	Date of Crash 02/16/2021	Time of Crash 21:48	NEWTON	Town	otor Vel Police			Nu Vel 2	hicles	Number Injured 0	Speed Latitud Longit	le	15	State Police Local Police MBTA Police Other:	N N		
							LOCATION > NOT AT INTERSECTION:								2		
			9 EAST 220 BOYLSTON ST									-2					
1 4	Route# Direc	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street										
	At					Feet NSEW of or or											
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet N S E W of											
,	Also at Intersection with					Route# Intersecting Roadway/Street Feet N S E W of											
1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of											
3	XVehicle1 1 #Occupants Hit/Run Moped Case N											Landi	iiai K		7		
	venicie i	Case Number	Number 2100000126														
	License # St MA DOB/Age 18 18 19 19					Reg # 261MS5 Reg Type PAN Reg State MA 20											
	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL Endorsment Occurrence FIGARO RIBIAR A					Veh Year 2014 Veh Make HONDA Veh Config. 2											
1 1	ll .	Last First Middle					Owner(Same as operator)										
	Address 8 FAIRMONT STREET CAMPRIDGE MA 100320					Address City StateZip											
	City CAMBRIDGE State MA Zip 02139								21								
5	Insurance Company METROPOLITAN PROPERTY Vehicle Travel Direction: X S E W Responding to Emergency? N					venicie Action Phot to Clash 1 22 23 23 24 2											
				sponding to Emergency		t Sequence 1		23				\Box		10 Undercarri	age		
	`	ssued)		on 2: ChSec		Harmful Even	_	1 2	24	1 4	⊢	9	5	11 Totaled			
1]			on 4: Ch Sec Sec		er Contributing erride/Override		25	Towed	N 8	V	7	5 6)			
	Please fill out for operator and all occupants involved					Tride/Override		_		28 29 irbag Airbag	30 Eject I	31 Trap Inj	32 33 ury Trans	3	+		
	Name (Last First Middle) Address Operator See Above					Age/DOB	Sex		System S	tatus Switch	Code	Code Sta	atus Code	Medical Facilit	ty 1		
	Sperator			366 1166					1 7				0 1		\dashv		
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7																	
1	Please Select (of the Followi	I X Vehicl	le 2 <u>1</u> # Occupa	nts Non-Motoris	t A Type	Action Action	15 L	ocation	16	Conditi	on	17	Hit/F	Run Mope	ed		
	License # St MA DOB/Age					Reg # 2NBE24 Reg Type PAN Reg State M							ate MA	-			
	Sex_F Lic. Class D Lic. Restrictions B CDL					Veh Year 2017 Veh Make HYUNDAI Veh Config. 1											
1	Operator KHANARINA LARISA VLADIMIROVNA Last First Middle					Owner (Same as operator) Last First Middle											
	Address 31 EUCLID AVE					Address											
	City QUINCY State MA Zip 02169					CityStateZip											
	Insurance Company PROGRESSIVE DIRECT					Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: N S W W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 2 3 10 Undercarriage											
	Citation # (If Issued)					Most Harmful Event 1 9 5 11 Totaled											
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 4											
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					rride/Override		1	owed _	<u>N</u>	30	31	32 33	3	\dashv		
	Name (Last Fi	irst Middle)	operator and a	Addres	SS	Age/DOE		Pos.	System 5	28 29 irbag Airbag Status Switch	Code	Code Si	ury Trans tatus Code	p.	ity		
	Operator/	Non-Motorist		See Abov	re		-		1 4	4	0	0 1	0 1		\dashv		
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