

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 03/02/2021		Time of Crash 16:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>SOUTH 1164 CENTRE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>200FT Feet N X E W of TYLER TERR</div> <div>Route# Intersecting Roadway/Street</div> <div>100FT Feet N S X W of NEWTON FIRE HEADQUARTERS</div> <div>Landmark</div>																																																																						
						<div>210</div> <div>Vehicle 1 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div> <div>Case Number 210000159</div>																																																																						
						<div>44</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator DUBININA NATALIA</div> <div>Address 45 CHESTNUT ST (apt. 1)</div> <div>City WALTHAM State MA Zip 02453</div> <div>Insurance Company STATE FARM</div>																																																																						
						<div>51</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>																																																																						
<div>61</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td>IVANOVA, MARIA</td><td>45 CHESTNUT ST (apt 1) WALTHAM, MA 02453</td><td>-----</td><td>F</td><td>3</td><td>1</td><td>4</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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	10	1		IVANOVA, MARIA	45 CHESTNUT ST (apt 1) WALTHAM, MA 02453	-----	F	3	1	4	4	0	0	10	1																												<div>12</div> <div>Reg # 1LZS41 Reg Type PAN Reg State MA</div> <div>Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 2 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22 2</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div>					
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