

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/09/2021	Time of Crash 15:47 24HR	City/Town NEWTON	Number Vehicles 2	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			SOUTH 1280 CENTRE ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000253		
License # --- St MA DOB/Age ---			Reg # 1ESL74 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016 Veh Make KIA Veh Config. 2 20								
Operator WINKEL SARAH Last First Middle			Owner (Same as operator) Last First Middle								
Address 335 BACON ST			Address								
City WALTHAM State MA Zip 02451			City State Zip								
Insurance Company GARRISON			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 2 23			11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
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			-----			0 4 4 0 0 10 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # 9RES40 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make AUDI Veh Config. 1 20								
Operator KURINSKY GEOFFREY Last First Middle			Owner (Same as operator) Last First Middle								
Address 1 BRIDLE TRAIL RD			Address								
City NEEDHAM State MA Zip 02492			City State Zip								
Insurance Company GOVERNMENT INSURANCE			Vehicle Action Prior to Crash 8 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22			10 Undercarriage					
Citation # (If Issued) T2014614			Most Harmful Event 2 23			11 Totaled					
Violation 1: Ch 90/24/C Sec Violation 2: Ch Sec			Driver Contributing Code 97 24 3 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
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/Non-Motorist See Above			-----			99 4 4 0 0 10 1					

