

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/27/2021	Time of Crash 13:29 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 25 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:				
Route# Direction Name of Roadway/Street At			SOUTH 21 OAKWOOD RD			Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number			Feet N S E W of _____ Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000384	
License # --- St ON DOB/Age ---			Reg # D7288L Reg Type UNK Reg State ON			Veh Year 2007 Veh Make UNK Veh Config. 8 20				
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment			Owner CARTAGE BEST WAY			Address 9701 HIGHWAY 50				
Operator MEHDI SHAHRAIZ			City CORNWALL State ON Zip K687E6			City WOODBRIDGE State ON Zip K687E6				
Insurance Company ZURICH			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 21 22 20 22 97 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 21 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			13 21				
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 NONE							
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 20				
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment			Veh Year --- Veh Make --- Veh Config. 20							
Operator ---			Owner ---							
Address ---			Address ---							
City --- State --- Zip ---			City --- State --- Zip ---							
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Event Sequence 22 22 22 22			10 Undercarriage				
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