

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/05/2021		Time of Crash 09:47 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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:						9		
Route# Direction Name of Roadway/Street At				WEST 28 INDIANA TER Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11		
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000402					3	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company L.M. GENERAL INS. CO				Reg # 8LK675 Reg Type PAN Reg State MA Veh Year 2005 Veh Make TOYOTA Veh Config. 2 20 Owner SOLOUKI FARID Address 23 INDIANA TERRACE City NEWTON State MA Zip 02461 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								12		
Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 1 ← 9 6								13		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility								2		
Operator See Above														
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		13
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator LAMBERT ELENA Address 12 VIRGINIA ST City MILTON State MA Zip 02186 Insurance Company COMMERCE INSURANCE COMPANY				Reg # 21TL74 Reg Type PAN Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 8 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N								13		
Vehicle Travel Direction: N <input checked="" type="checkbox"/> E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 1 ← 9 7 6										
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Operator/Non-Motorist See Above				1 4 99 0 0 10 1										

