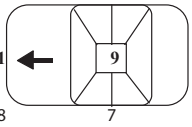
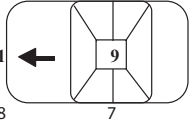


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/09/2021	Time of Crash 13:45 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 437 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000413			
License # _____ St MA DOB/Age _____			Reg # 6WJ828 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make MERZ Veh Config. 1 20				
Sex F Lic. Class D 18 D 18 Lic. Restrictions B 19 CDL _____			Owner TRIFONOV ARTEM			Address 1207 (apt. 2) BOYLSTON ST				
Operator TRIFONOV SVETLANA			City NEWTON State MA Zip 02464			Vehicle Action Prior to Crash 2 21				
Address 1207 BOYLSTON ST (apt. 2)			Insurance Company COMMERCE INSURANCE			Event Sequence 1 22 22 22 22 2				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24				
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 1 4 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 # 1470BN Reg Type PAN Reg State MA			Veh Year 2007 Veh Make HONDA Veh Config. 1 20				
Sex M Lic. Class D 18 D 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____				
Operator ZERDELIAN GARBIS			City WALTHAM State MA Zip 02452			Vehicle Action Prior to Crash 1 21				
Address 170 CLOCKTOWER DR (apt. 5207)			Insurance Company COMMERCE INSURANCE			Event Sequence 1 22 22 22 22 2				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) T2081383			Most Harmful Event 1 23				
Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 5 24 24				
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 1 4 99 0 0 10 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Centre St

Washington St

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

**Crash Narrative:**

Driver #1 stated she was driving southbound in front of 437 Centre St in slow traffic when Driver #2 rear ended her. She stated Driver #2 got out of the vehicle, looked at her car and stated he did not see any damage. She asked for his license and registration which he declined to provide. Driver #2 then drove away. Vehicle #1 suffered minor damage to the rear and was driven from the scene.

Driver #1 was able to provide me with a picture of the vehicle license plate and a description of Driver #2 which matches the RMV image of the registered owner of Vehicle #2. I attempted to locate a number for Driver #2 with negative results. I also contacted Waltham PD for information for Driver #2 and they were unable to provide anything further. I mailed Driver #2 Citation #2081383 for Chapter 90 Section 24 Leaving the Scene of Property Damage.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

Cargo Body Type Code  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code