	Poli	ice Use Only		Commonwe	alth d	of Mass	ach	use	tts		RM	V Doc	ument	Number		
	Date of Crash 07/26/2021	Time of Crash 14:07 24HR	NEWTON	MIOTOI		icle Cra Report	ash	Nun Vehi		jured	Speed Lin Latitude _ Longitude		Sta Lo MI Ot	ate Police cal Police BTA Police her:	NA NA	
							LOCATION >					NOT AT INTERSECTION:				
	WES	т сомм	IONWEALTH A	/E											2	
1 1	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street								et	_ 2 1	
1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or									$ \frac{2}{}$	
						Mile Marker Exit Number										
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										
3				Landmark												
	XVehicle1	#Occupants	e Number	umber 2100000549												
	License#St MA DOB/Age					Reg # 3RLL29 Reg Type PAN Reg State MA										
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment					Veh Year 2021 Veh Make TESL Veh Config. 1										
⁴ 2	Operator SAI	LAICHUK Last		Owner SALAICHUK STANISLAV Last First Middle												
		Address 69 GERRY RD					Address 69 GERRY RD									
	City CHESTNUT HILL State MA Zip 02467					CHESTNUT H	ILL				Stat				-	
-	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
5 1	Vehicle Travel	Direction: N	Event	Event Sequence 1 22 22 22 22 22 23 4 10 Undercarriage												
	Citation # (If I	·			Most	Harmful Event	1		1 24	1	_ _	9		10 Undercarn 11 Totaled	age	
⁶ 1	1			2: ChSec	Driver	Contributing (L	19 24] _		,) 6			
1		3: ChSec	Under	Underride/Override Towed N												
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	Seat S Pos. S	27 afety Airbaş ystem Status	29 Airbag Switch	30 3 Eject Trap Code Code	Injury Status	33 Fransp. Code	Medical Facilit	ty 1	
	Operator			See Above					1 4	4	0 0	10	1			
⁷ 3	Please Select One of the Following: Wehicle 2 1_#Occupants Non-Motorist A Ty				ype	Action	15 Lo	cation	16	Conditio	n 17		Hit/Rur	n Mope	ed	
	License#	License # St MA DOB/Age					Reg # 37AB27 Reg Type PAN Reg State MA							MA	_]	
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2008 Veh Make MERZ Veh Config. 1										
8 1	Operator MATUK RANI Last First Middle Middle					(Same as op	erator)		Fir	rst		Mid	dle		-	
_	Address 136 CLARK ST					SS										
	City NEWTON State MA Zip 02459					CityStateZip										
	Insurance Company GEICO					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NSEX Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4										
	Citation # (If I	ssued)	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled												
	Violatio	on 1: ChSe	ec Violatio	n 2: ChSec	Driver Contributing Code 1 24 24 24 8											
		on 3: ChSe	Under	Underride/Override Towed N												
	Pl Name (Last Fi	ease fill out for		Age/DOB	Sex	26 27 Seat Safety A Pos. System		28 29 30 Lirbag Airbag Eject I Status Switch Code		31 32 33 up Injury Transp ode Status Code		p.	ity			
	Operator/	Non-Motorist		See Above				:	1 4	4	0 0	10	1			
						1	+								_	

