

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/24/2021	Time of Crash 16:25 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			WEST 265 WASHINGTON 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 210000631		
License # --- St MA DOB/Age ---			Reg # 2PC950 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make NISS Veh Config. 1 20								
Operator SHLAYN IRVIN Last First Middle			Owner (Same as operator) Last First Middle								
Address 5 BENT ST			Address								
City FRANKLIN State MA Zip 02038			City State Zip								
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 1 23			1 9			5 11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 99 24			8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved			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			99 4 99 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # --- St MA DOB/Age ---			Reg # 9KG141 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2007 Veh Make MAZD Veh Config. 1 20								
Operator GOKCAL FAHRI Last First Middle			Owner (Same as operator) Last First Middle								
Address 33 PAUL ST (apt. 35)			Address								
City NEWTON State MA Zip 02459			City State Zip								
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 1 23			1 9			5 11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 5 24 19 24			8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved			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 99 0 0 10 1					

