

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/25/2021	Time of Crash 10:43 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 847 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 5				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000757		
License # --- St MA DOB/Age ---			Reg # 5914KW Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2017 Veh Make AUDI Veh Config. 1 20		
Operator BRUDNICK BETTY B			Owner (Same as operator)			Address			12 1		
Address 865 CENTRAL AVE (apt. G403)			Address			City NEEDHAM State MA Zip 02445			City State Zip		
Insurance Company BANKERS STANDARD			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled		
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 12 24 24		
Citation # (If Issued) T2080654			Underride/Override 25 Towed Y			Diagram			13 1		
Violation 1: Ch 003 Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Please fill out for operator and all occupants involved					
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 2 #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 # 483YJ4 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2011 Veh Make HONDA Veh Config. 2 20		
Operator COMPANIEH SALUMEH			Owner (Same as operator)			Address			12 1		
Address 15 PRISCILLA RD			Address			City WELLESLEY State MA Zip 02481			City State Zip		
Insurance Company GEICO			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued)			Underride/Override 25 Towed N			Diagram			13 1		
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- 99 4 99 0 0 10 1			FARBOODMANESH, KIAN 15 PRISCILLA RD WELLESLEY, MA 02481 --- M 3 99 4 99 0 0 10 1					



