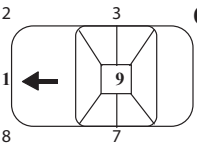
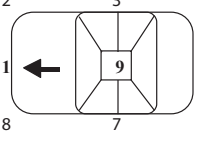


## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/10/2021	Time of Crash 14:51 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 326 FULLER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark								
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000810		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 3325CE Reg Type PAN Reg State MA Veh Year 2019 Veh Make CHEV Veh Config. 1 20								
Operator Last First Middle Address			Owner SARGIS KEVIN Address 24 HANCOCK ST								
City State Zip Insurance Company STANDARD FIRE INS			City LEXINGTON State MA Zip Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23						10 Undercarriage 5 11 Totaled		
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Driver Contributing Code 1 24 1 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											
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20								
Operator Last First Middle Address			Owner Last First Middle Address								
City State Zip Insurance Company			City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22 2 Most Harmful Event 23						10 Undercarriage 5 11 Totaled		
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Driver Contributing Code 24 24 Underride/Override 25 Towed								
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											

