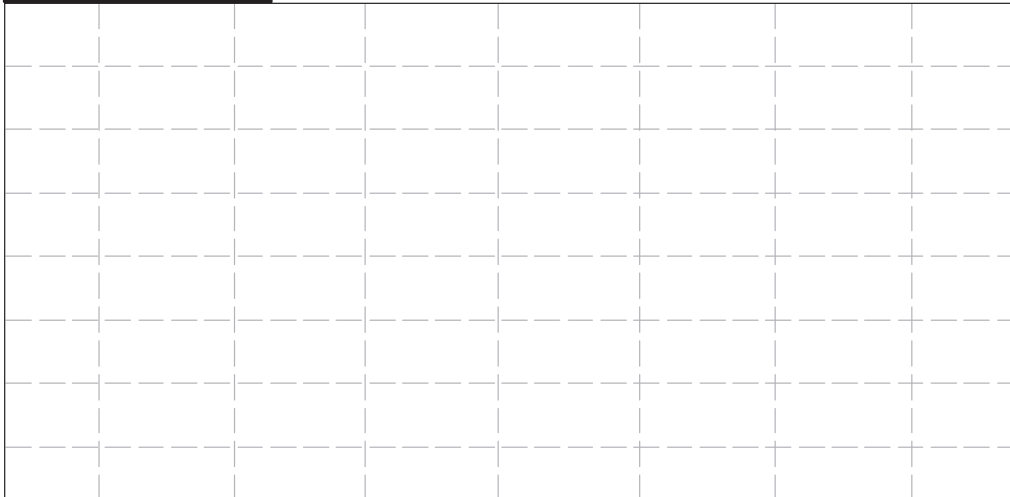


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/15/2021		Time of Crash 16:36 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				NORTH 303 CABOT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11 99	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000941						3	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company ARBELLA				Reg # RT27KI Reg Type PAN Reg State MA Veh Year 2002 Veh Make TOYOTA Veh Config. 1 20 Owner MURPHY JOANNE Address 239 RIVER ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled								13	
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								2	
Operator See Above													
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												7 1	
License # --- St XX DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BULAT ROSTYSLAV Address 25 FRASER RD City FRAMINGHAM State MA Zip 01702 Insurance Company LIBERTY MUTUAL				Reg # 7DY472 Reg Type PAN Reg State MA Veh Year 2007 Veh Make FORD Veh Config. 2 20 Owner KULIKOV OLEKSII Address 25 FRASER RD City FRAMINGHAM State MA Zip 01702 Vehicle Action Prior to Crash 10 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								8 4	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled									
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				1 4 4 0 0 10 1									

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

would be in contact with Murphy throughout the insurance process to ensure it gets done.

It should be noted that Bulat has an active license from Ukraine. Bulat has lived in Massachusetts for approximately 2 months and has been in contact with the RMV to get a Massachusetts's license. Bulat said due to COVID the RMV has been delayed but Bulat has paperwork from the RMV showing his attempts to get an active Massachusetts's license.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

PATRICK DALY

NEWTON POLICE DEPART

11/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date