

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/24/2021	Time of Crash 14:22 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 85 OAK HILL 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 210000987		
License # --- St MA DOB/Age ---			Reg # 1ZLF88 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2019 Veh Make BMW Veh Config. 1 20								
Operator MAZAEVA LUISA Last First Middle			Owner (Same as operator) Last First Middle								
Address 34 PEREGRINE RD			Address								
City NEWTON State MA Zip 02459			City State Zip								
Insurance Company THE COMMERCE INSURANCE COMPANY			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 2 22 22 22 22			Event Sequence 2 23 3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 2 23			Driver Contributing Code 99 24 24			5 11 Totalled		
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed Y			8 7 6					
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			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			-----			1 4 4 0 0 10 1			NONE		
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 #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 ---			Reg # K5578 Reg Type TRN Reg State MA								
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2006 Veh Make UTILITY TRAILER Veh Config. 8 20								
Operator Last First Middle			Owner LBD LLC Last First Middle								
Address			Address PO BOX 622								
City State Zip			City RANDOLPH State MA Zip 02368								
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 11 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			Event Sequence 1 23 2 3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			5 11 Totalled		
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Operator/Non-Motorist See Above			-----			1 4 4 0 0 10 1			NONE		

