

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/01/2021	Time of Crash 16:32 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 27 CHRISTINA ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100001006		
License # _____ St MA DOB/Age _____			Reg # 610BER Reg Type PAN Reg State ME			Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make HONDA Veh Config. 1 20		
Operator SOROFF SAMUEL W			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____		
Address 10 STORNOWAY RD			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company HANOVER INSURANCE			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13	
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 1 99 0 0 10 1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____										Reg # 43LS98 Reg Type PAN Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										Veh Year 2011 Veh Make HONDA Veh Config. 1 20	
Operator GEVORGAN AGHAVNI										Owner (Same as operator)	
Address 79 BRANDEIS RD										Address _____	
City NEWTON State MA Zip 02459										City _____ State _____ Zip _____	
Insurance Company PLYMOUTH ROCK										Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N										Event Sequence 1 22 22 22 22 2	
Citation # (If Issued) _____										Most Harmful Event 1 23	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Driver Contributing Code 1 24 24	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Underride/Override 25 Towed N	
Please fill out for operator and all occupants involved										13	
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			-----		---		1 4 99 0 0 10 1	

