

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/12/2022	Time of Crash 16:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>10</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 _____			EAST 200 BOYLSTON 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000138			
License # _____ St MA DOB/Age _____			Reg # 2JAK31		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018		Veh Make INFINITY		Veh Config. 1 20			
Operator MURSHTEYN ALEKSANDER Last First Middle			Owner (Same as operator)		Last First Middle		Address _____			
Address 130 SUTHERLAND RD (apt. 9)			City _____		State MA Zip 02135		City _____ State _____ Zip _____			
Insurance Company STANDARD FIRE INSURANCE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 97 22 22 22 22 2			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 97 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Diagram: 10 Undercarriage 5 11 Totaled			
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		99 4 99 0 0 10 1					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants		<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17		<input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St MA DOB/Age _____			Reg # 44BG76		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2020		Veh Make TOYOTA		Veh Config. 1 20			
Operator FRAZIER MARY ANN Last First Middle			Owner (Same as operator)		Last First Middle		Address _____			
Address 129 PEARL ST			City _____		State MA Zip 02458		City _____ State _____ Zip _____			
Insurance Company NGM INSURANCE COMPANY			Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 2 22 22 22 22 2			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 2 23		Driver Contributing Code 19 24 24		Underride/Override 25 Towed N			
Citation # (If Issued) T1445641			Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Diagram: 10 Undercarriage 5 11 Totaled			
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		99 99 99 0 0 99 1					

