

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																						
Date of Crash 02/23/2022		Time of Crash 11:36 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 35 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 _____				30 WEST 449 COMMONWEALTH AVE		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____						2																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____		Feet [N][S][E][W] of _____						10																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____		Route# _____ Intersecting Roadway/Street _____						11																	
						Landmark _____						2																	
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000170																					
License # _____ St MA DOB/Age _____				Reg # 5345		Reg Type AMN		Reg State MA																					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2018		Veh Make FORD		Veh Config. 97 20																					
Operator CECONI CHRISTOPHER ALBERT				Owner LIFELINE AMBULAN										12															
Address 183 TREMONT ST				Address 11 STATE STREET										1															
City NEW BEDFORD State MA Zip 02740				City WOBURN		State MA Zip 01888																							
Insurance Company ARCH				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 1 22 22 22 22		2 3 4		10 Undercarriage																					
Citation # (If Issued) _____				Most Harmful Event 1 23		0 9		5 11 Totaled																					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24		8 7 6																							
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				See Above		-----		---		99		4		4		0		0		10		1		NONE					
LEBRUN, MARIA, BENEDICTE				218 DOVER ST BROCKTON, MA 02301		-- -- --		F		97		99		4		4		0		0		10		1		NONE			
REES, KATELYN				26 ABBOT BRIDGE DR ANDOVER, MA 01810		-- -- --		F		97		99		4		4		0		0		10		2		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 XX DOB/Age _____				Reg # 3CAX64		Reg Type PAN		Reg State MA																					
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2009		Veh Make TOYOTA		Veh Config. 1 20																					
Operator SAVENOK ANASTASIIA				Owner MELNIK EVGENIYA SERGEEVNA																									
Address 478 WALTHAM ST				Address 716 (apt. 590551) BEACON ST																									
City NEWTON State MA Zip 02465				City NEWTON		State MA Zip 02459																							
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 2 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		2 3 4		10 Undercarriage																					
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		5 11 Totaled																					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 6																							
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Operator/Non-Motorist				See Above		-----		---		99		4		4		0		0		8		1		NONE					
SAVENOK, NATALIIA				478 WALTHAM ST NEWTON, MA 02465		-- -- --		F												10		1		NONE					

