

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/16/2022	Time of Crash 14:45 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:					
<div>WEST HARDING ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH WALTHAM ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000410			
License # --- St NC DOB/Age ---			Reg # HCZ3736		Reg Type PAN		Reg State NC			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017		Veh Make HYUNDAI		Veh Config. 2 20			
Operator KELLEY ABIGAIL			Owner (Same as operator)							
Address 305 OBERLIN RD (apt. 344)			Address							
City RALEIGH State NC Zip 27605			City		State		Zip			
Insurance Company PROGRESSIVE SOUTHEASTERN INS			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		Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22			
Citation # (If Issued)			Most Harmful Event 1 23		Most Harmful Event 1 23		Most Harmful Event 1 23			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		Driver Contributing Code 1 24 24		Driver Contributing Code 1 24 24			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		Underride/Override 25 Towed N		Underride/Override 25 Towed N			
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		See Above		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			
License # --- St MA DOB/Age ---			Reg # 2ZSG14		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008		Veh Make FORD		Veh Config. 1 20			
Operator LALAZARIAN LUKE			Owner (Same as operator)							
Address 17 VILLA ST			Address							
City WALTHAM State MA Zip 02453			City		State		Zip			
Insurance Company COMMERCE INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22			
Citation # (If Issued) T1271204			Most Harmful Event 1 23		Most Harmful Event 1 23		Most Harmful Event 1 23			
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 3 24 24		Driver Contributing Code 3 24 24		Driver Contributing Code 3 24 24			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		Underride/Override 25 Towed N		Underride/Override 25 Towed N			
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		See Above		See Above			

