

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/07/2022		Time of Crash 16:53 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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 _____				SOUTH 0 WINDSOR RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
1 1		2 1		3		3						4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000498							
License # _____ St MA DOB/Age _____				Reg # 1GXY37 Reg Type PAN Reg State MA								12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make BMW Veh Config. 1 20									
Operator BELTON ANDREA SCHERER Last First Middle				Owner (Same as operator) Last First Middle								1	
Address 25 PILGRAM RD				Address _____									
City WABAN State MA Zip 02468				City _____ State _____ Zip _____									
Insurance Company METROPOLITATION PROPERTY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N				Event Sequence 2 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 2 23				1 9 10 Undercarriage 5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 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												2	
Operator See Above				-----									
7 1				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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____				Reg # 6WX813 Reg Type PAN Reg State MA									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20									
Operator _____ Last First Middle				Owner BABAKHANOV MARGARITA Last First Middle									
Address _____				Address 45 TRAILSIDE WAY									
City _____ State _____ Zip _____				City ASHLAND State MA Zip 01721									
Insurance Company THE COMMERCE				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N				Event Sequence 97 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 97 23				1 9 10 Undercarriage 5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 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													
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				-----									

