

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/07/2019	Time of Crash 08:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 2	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:	
NORTH PEARL ST				
Route#	Direction	Name of Roadway/Street		
At				
EAST WASHBURN ST				
Route#	Direction	Name of Intersecting Roadway/Street		
Also at Intersection with				
Route#	Direction	Name of Intersecting Roadway/Street		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000027
------------------------------------------------------------	----------------------------------	--------------------------------	-----------------------

License # --- St MA DOB/Age -- --	Reg # 8ATT30 Reg Type PAS Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2017 Veh Make VOLKSWAGON Veh Config. 1 20
Operator ROSOW JAKE	Owner (Same as operator)
Address 140 NORTH BEACON STREET (apt. 2)	Address _____
City BRIGHTON State MA Zip 02135	City _____ State _____ Zip _____
Insurance Company GOVT EMPLOYEE INS	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: X S E W Responding to Emergency? _____	Event Sequence 1 22 22 22 22
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		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	4	99	0	0	5	1	

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 MA DOB/Age -- --	Reg # 6BF541 Reg Type PAS Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2012 Veh Make NISSAN Veh Config. 1 20
Operator BULAT MIHAIL	Owner (Same as operator)
Address 6 JASSET ST	Address _____
City NEWTON State MA Zip 02458	City _____ State _____ Zip _____
Insurance Company SAFETY	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: N S X W Responding to Emergency? _____	Event Sequence 1 22 22 22 22
Citation # (If Issued) T1441116	Most Harmful Event 1 23
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 19 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed Y

Please fill out for operator and all occupants involved		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	2	99	0	0	3	1	
BULAT, ARINA	6 JASSET STREET NEWTON, MA 02458	---	F	6	1	3	99	0	0	3	1	

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 01/07/2019	Time of Crash 08:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3
				Number Injured 2	Speed Limit 25 Latitude Longitude
					State Police Local Police MBTA Police Other:
AT INTERSECTION:		< LOCATION >		NOT AT INTERSECTION:	
Route# Direction Name of Roadway/Street At		Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street		Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street	
Vehicle 3 2 #Occupants		Hit/Run		Moped	
Case Number		190000027			
License # --- St MA DOB/Age ---		Reg # 7WD364 Reg Type PAS Reg State MA		Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---	
Operator MIRZOIAM SVETLANA		Owner MIRZOEV OLEG L		Veh Year 2017 Veh Make MITS Veh Config. 1 20	
Address 78 CHAPEL ST		Address 78 CHAPEL ST		City NEWTON State MA Zip 02458	
Insurance Company STANDARD FIRE		Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 1 22 22 22 22		Most Harmful Event 1 23	
Citation # (If Issued)		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N	
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---		Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---		Violation 5: Ch --- Sec --- Violation 6: Ch --- Sec ---	
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	
MIRZOEV, MADELINE		78 CHAPEL ST NEWTON, MA 02458		F 3 1 4 99 0 0 5 1	
Please Select One of the Following:		Vehicle #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17		Hit/Run Moped	
License # --- St DOB/Age ---		Reg # --- Reg Type --- Reg State ---		Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL ---	
Operator ---		Owner ---		Veh Year --- Veh Make --- Veh Config. 20	
Address ---		Address ---		City --- State --- Zip ---	
Insurance Company ---		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 22 22 22 22		Most Harmful Event 23	
Citation # (If Issued)		Driver Contributing Code 24 24		Underride/Override 25 Towed ---	
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---		Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---		Violation 5: Ch --- Sec --- Violation 6: Ch --- Sec ---	
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	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian  
ie: → 1 → 2 →

#### Crash Diagram:

**NOT TO SCALE**

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

#### Crash Narrative:

OPERATOR OF MV 1 STATED HE WAS TRAVELING NORTHBOUND ON PEARL ST AND AS HE APPROACHED WASHBURN STREET, MV 2 ENTERED THE INTERSECTION ATTEMPTING TO CROSS PEARL ST AND CONTINUE STRAIGHT ON WASHBURN STREET. MV 1 AND MV 2 COLLIDED WHICH RESULTED IN MV 2 STRIKING MV 3 WHICH WAS ALSO STOPPED AT THE OTHER STOP SIGN AT WASHBURN AND PEARL ST. MV 1 SUSTAINED FRONT END DAMAGE AND NO INJURIES REPORTED. MV 2 SUSTAINED MODERATE SIDE DAMAGE AND BOTH OCCUPANTS OF THE VEHICLE SIGNED PATIENT REFUSALS FROM MEDICS. MV 3 SUSTAINED FRONT END DAMAGE AND NO INJURIES REPORTED. OPERATOR OF MV 2 WAS ISSUED MA UNIFORM CITATION T1441116 FOR CH. 89 S. 9 FTC STOP SIGN.

#### Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

#### Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

#### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42