

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/12/2019	Time of Crash 15:45 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:					
SOUTH BRYON RD Route# Direction Name of Roadway/Street At EAST LAGRANGE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190000179							
License # --- St MA DOB/Age --- Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 2 <input type="checkbox"/> 19 CDL _____ Operator VASILKOSKI ZLATKO K Address 128 SUMMIT AVE City BROOKLINE State MA Zip 02446 Insurance Company AMICA MUTUAL INSURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 651RC9 Reg Type PAN Reg State MA Veh Year 2018 Veh Make CHEVROLET Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 6							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Operator See Above --- 1 4 4 0 0 5 1 SOPOVA, VASILKA 128 SUMMIT AVE --- F 3 1 4 4 0 0 5 1 BROOKLINE, MA 02446 Medical Facility							
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 --- Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 2 <input type="checkbox"/> 19 CDL _____ Operator BERN BENJAMIN Address 32 BRYON RD (apt. 3) City NEWTON State MA Zip 02467 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # R75179 Reg Type CON Reg State MA Veh Year 2016 Veh Make HYUNDAI Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 6							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Operator/Non-Motorist See Above --- 1 4 4 0 0 5 1 Medical Facility							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

Lagrange St

Bryon Rd

Unit 1

Unit 2

Point of Impact

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 MV1 states he was traveling eastbound on Lagrange St approaching Bryon Rd when MV2 made an "unusual" left turn attempting to travel southbound on Bryon Rd. Operator of MV1 states when MV2 made the left turn, MV2 collided with MV1 causing damage to the left front corner panel and drivers side door.

Operator of MV2 states he was traveling westbound on Lagrange St approaching Bryon Rd to take a left turn traveling southbound on Bryon Rd. Operator of MV2 states while making the left turn, MV1 looked like it attempted to come to a stop but slid due to the snow and slippery road conditions. Operator of MV2 states his tires spun out attempting to make the turn and struck MV1 with the front left corner panel causing significant damage.

It should be noted the weather during this time was heavy snow with wet and slippery road conditions, which

(Continued on next page)

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

TIMOTHY F KEEFE **NEWTON POLICE DEPT** **02/12/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

[illegible]

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

TIMOTHY F KEEFE			NEWTON POLICE DEPT#		02/12/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					