

Police Use Only		Commonwealth of Massachusetts		RMV Document Number							
Date of Crash 03/02/2019	Time of Crash 23:59 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street At			EAST 5 WEST ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number						2 9		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street						2 10		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark						2 11		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000228							
License # --- St MA DOB/Age ---			Reg # 5LZ216 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2107 Veh Make VOLKSWAGON Veh Config. 1 20								
Operator VASSILENKO ROMAN Last First Middle			Owner (Same as operator) Last First Middle						1 12		
Address 378 WATERTOWN ST			Address								
City NEWTON State MA Zip 02458			City State Zip								
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency?			Event Sequence 99 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 99 23			11 Totalled					
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									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			2 1		
Operator See Above			-----								
Please Select One of the Following:			<input type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # --- Reg Type --- Reg State ---								
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year --- Veh Make --- Veh Config. 20								
Operator --- Last First Middle			Owner --- Last First Middle								
Address ---			Address ---								
City --- State --- Zip ---			City --- State --- Zip ---								
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
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Operator/Non-Motorist See Above			-----								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

West Street

Parking

West Street Tavern
7 West Street

378 Watertown Street

Unit 1
P.O.L.

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:

On March 3rd, 2019, while assigned to N491 I, Ofc Stake was dispatched to the West Street Tavern parking lot for a report of a past Hit & Run. Upon my arrival I met with the reporting party Roman Vassilenko.

Vassilenko stated that he witnessed a red truck back into the front driver side bumper of his vehicle (Ma Reg 5LZ216) and exit the parking lot, no known direction of travel was provided. Vassilenko's vehicle was parked in the rear parking lot, facing eastbound. I canvassed the area with negative results. I provided Vassilenko with a report number and advised him to contact his insurance company. There was minor damage to the driver side bumper and minor scratches on the bumper and driver side mirror. I observed red paint on the bumper and mirror as well. The owner of West Street Tavern, Karl Roche spoke with Vassilenko and stated he will contact Vassilenko if there is any information he can provide.

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