

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																					
Date of Crash 03/21/2019		Time of Crash 08:56 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:						9																
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At COMMONWEALTH AVE 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 N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2	10															
1				3								11	4															
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000306						12														
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator KRAPCHEV VLADIMIR Address 80 PARK ST City BROOKLINE State MA Zip 02446 Insurance Company ARBELLA Vehicle Travel Direction: N X E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 3986BV Reg Type PAN Reg State MA Veh Year 2012 Veh Make MERZ Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled								1	13															
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		13
Operator				See Above		-----		---		1		4		99		0		0		5		1						1
7				3		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 D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MCCULLY PHILLIP Address 1164 CENTRE ST City NEWTON State MA Zip 02459 Insurance Company SELF Vehicle Travel Direction: N X E W Responding to Emergency? Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # MF461 Reg Type MVN Reg State MA Veh Year 2004 Veh Make FORD Veh Config. 1 20 Owner CITY OF NEWTON FIRE Address 1164 CENTRE ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 8 10 Undercarriage 5 11 Totaled								8	1															
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		-----		---		1		4		99		0		0		5		1						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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 vehicle one (MA reg 3986BV 2012 MERZ) , Vladimir Krapchev stated that on 03/21/2018 at 08:56 hours he was stopped at a red light on Center St at Commonwealth Ave. Krapchev stated that his vehicle was heading south on Center St and was the third vehicle in line to turn west bound on Commonwealth Ave. Center St and Commonwealth Ave are both public ways in the city of Newton. Krapchev stated that " a red/maroon full size sedan fire department car " struck the front driver's side fender of his vehicle. Krapchev stated that the fire department car was travelling south bound on Center St in the north bound lane, passing stopped south bound Center St traffic. Krapchev stated that there was also north bound traffic on Center St that was turning from the west bound lane of Commonwealth Ave. Krapchev stated that the fire department car turned onto the east bound lane of Commonwealth Ave and did not stop.

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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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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 vehicle two Newton Fire Department LT Phillip McCully stated that he was driving Newton Fire Department Car 14 (MA reg MVN MF461 2004 Ford Crown Victoria) south bound on Center St with his vehicle's emergency lights and siren activated. Lt McCully stated that he was responding to a motor vehicle crash with possible entrapment on Hammond Pond Parkway. Lt McCully stated that he was passing stopped Center St south bound traffic in the north bound lane of Center St. Lt McCully also stated that there was north bound traffic on Center St and " it was tight between the cars ". Lt McCully stated that he was unaware that a crash had occurred. Lt. McCully stated that he did not feel and contact between his vehicle and Krapchev's vehicle. Lt McCully also stated that he did not hear the crash because of his vehicle's siren was activated. Krapchev's vehicle had minor damage and red paint marks on it's front driver's side fender.

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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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

03/21/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

