

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/23/2019	Time of Crash 21:26 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:					
Route# Direction Name of Roadway/Street At			NORTH 38 TANGLEWOOD RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000408	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE			Reg # 3XC398 Reg Type PAN Reg State MA Veh Year 2010 Veh Make LEXUS Veh Config. 2 20 Owner FOY NOEL P Address 118 (apt. 4) CHANDLER ST City BOSTON State MA Zip 02116 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 23 3 4 10 Undercarriage Most Harmful Event 2 24 24 1 9 5 11 Totaled Driver Contributing Code 24 24 Underride/Override 25 Towed Y							
Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: 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										
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 F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ANDROSSENKO RENATA Address 67 TANGLEWOOD RD City NEWTON State MA Zip 02459 Insurance Company SAFETY INSURANCE			Reg # 7RR100 Reg Type PAN Reg State MA Veh Year 2016 Veh Make BMW Veh Config. 1 20 Owner ANDROSSENKO EDOUARD Address 67 TANGLEWOOD RD City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 23 3 4 10 Undercarriage Most Harmful Event 2 23 1 9 5 11 Totaled Driver Contributing Code 19 24 24 Underride/Override 25 Towed N							
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Operator/Non-Motorist See Above										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

38 Tanglewood Rd

Tanglewood Rd

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:

MV#1 was parked on the side of the road, in front of 38 Tanglewood Rd. MV#2 was traveling east on Tanglewood Rd, and turning North, continuing on Tanglewood Rd. MV#2 crashed into MV#1.

Owner of MV#1 stated that she was not in the vehicle at the time. She stated that the operator of MV#2 came and found her to tell her that she had crashed into her.

Operator of MV#2 stated that she was turning from east to north on Tanglewood Rd. Operator MV#2 stated that she did not see MV#1 parked on the side of the road, and crashed into it.

MV#1 was towed by AAA. MV#2 was driven off scene.

No injuries occurred.

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