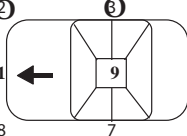
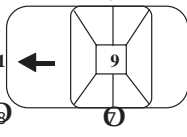


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/13/2019		Time of Crash 10:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				EAST 390 NEWTONVILLE AVE 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								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												10	
Route# Direction Name of Intersecting Roadway/Street												11	
Route# Direction Name of Intersecting Roadway/Street												4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000717					
License # --- St MA DOB/Age ---				Reg # 86C251 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make TOYOTA Veh Config. 2 20									
Operator ROSENSWEIG SYDNEY Last First Middle				Owner ROSENSWEIG JUDITH Last First Middle									12
Address 129 MONADNOCK RD				Address 129 MONADNOCK RD									
City NEWTON State MA Zip 02467				City NEWTON State MA Zip 02467									
Insurance Company AMICA MUTUAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 2 22 22 22 22 2 23 1 24 24 25 Towed Y									13
Citation # (If Issued) _____				Most Harmful Event 2 23				10 Undercarriage 5 11 Totaled					2
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									
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 0 #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 # 3FF576 Reg Type PAN Reg State MA									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2011 Veh Make NISSAN Veh Config. 1 20									
Operator _____ Last First Middle				Owner ZAKOLOGYAZHNYI DMYTRO Last First Middle									
Address _____				Address 76 BIRCH ST									
City _____ State _____ Zip _____				City CLINTON State MB Zip 01510									
Insurance Company _____				Vehicle Action Prior to Crash 11 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 2 23 1 24 24 25 Towed N									13
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled					2
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									
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													

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/13/2019		Time of Crash 10:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000717							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Endorsement _____				Reg # 2BFX21 Reg Type PAN Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. [1] [20] Owner DEYAB DONNA Address 4 SWEENEY COURT City ANDOVER State MA Zip 01810 Vehicle Action Prior to Crash [11] [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 [24] [24] 5 11 Totaled Underride/Override [25] Towed N								12	
Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company METROPOLITAN PROPERTIES				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 _____								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													
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 _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Endorsement _____				Reg # _____ Reg Type _____ Reg State [20] Veh Year _____ Veh Make _____ Veh Config. [20] Owner _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Action Prior to Crash [21] Damaged Area Code: (Circle Up to Three) Event Sequence [22] [22] [22] [22] 2 3 4 Most Harmful Event [23] 10 Undercarriage Driver Contributing Code [24] [24] 5 11 Totaled Underride/Override [25] Towed _____								13	
Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ 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/Non-Motorist See Above													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

#390 NEWTONVILLE AVE

NEWTONVILLE AVE

Unit 2 Unit 3

Unit 1 Unit 1

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

OPERATOR #1 STATED SHE WAS GOING E/B ON NEWTONVILLE AVE WHEN ANOTHER VEHICLE COMING FROM THE OPPOSITE DIRECTION (W/B) AT A HIGH RATE OF SPEED FORCED HER TO SWERVE TO HER RIGHT CAUSING HER TO COLLIDE WITH TWO PARKED VEHICLES IN FRONT OF #390 NEWTONVILLE AVE.

OPERATOR#1 FURTHER STATED DUE TO CARS PARKED ON THE E/B SIDE OF NEWTONVILLE AVE IT FORCES EASTBOUND TRAFFIC ONTO THE WRONG SIDE OF THE ROAD TO GET BY. SHE REPORTS THAT SHE WAS HAD NOWHERE TO GO WHEN VEHICLE #2 WAS COMING AT HERE. VEHICLE #2 COULD HAVE YIELDED TO HER VEHICLE.

I OBSERVED NUMEROUS LEGALLY PARKED CARS ON THE EAST SIDE OF NEWTONVILLE AVE. HOWEVER FOR TRAFFIC TO DRIVE ON THE EAST SIDE OF NEWTONVILLE AVE THEY HAVE TO DRIVE ON WRONG SIDE TO GET BY.

DUE TO NEWTONVILLE AVE BEING A NARROW RD WHEN CARS PARK ON THE EAST SIDE WHICH IS LEGAL THEY (PARKED CARS

(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

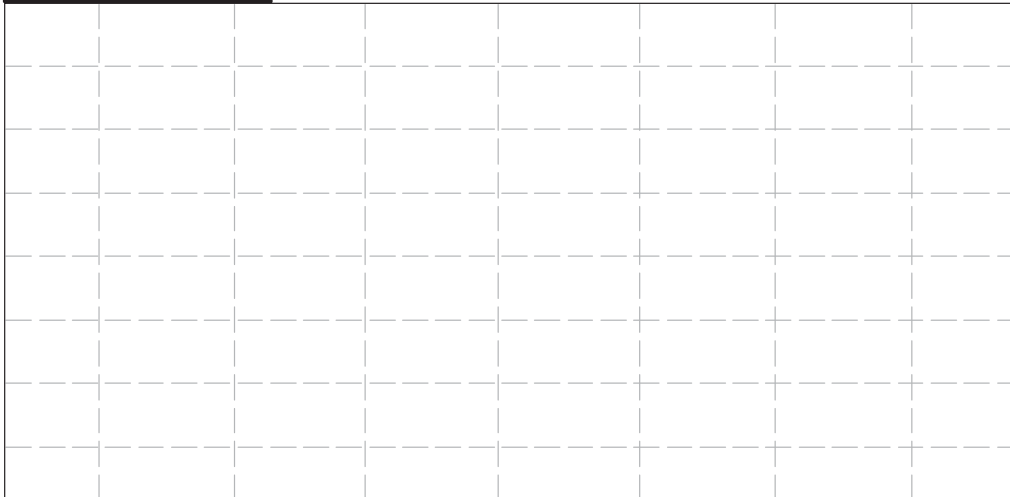
Hazmat Information:

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

) TAKE UP THE WHOLE EAST SIDE OF THE ROAD. BASED ON MS ROSENSWEIG STATEMENT I FEEL SHE HAD THE RIGHT OF WAY. VEHICLE #2 SHOULD HAVE YIELDED SEEING THAT VEHICLE #1 HAD NOWHERE TO GO. THERE WAS NO DESCRIPTION TO THE VEHICLE THAT CAUSED THIS CRASH.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPT

07/13/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date