

| Police Use Only  |                                |                     | Commonwealth of Massachusetts  |  |   |                      | RMV Document Number   |   |  |  |
|--|--------------------------------|---------------------|--|--|---|----------------------|-----------------------|---|--|--|
| Date of Crash<br>07/25/2019  | Time of Crash<br>09:09<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report   |  |   | Number Vehicles<br>1 | Number Injured<br>0   | Speed Limit 35<br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:   |                                |                     | < LOCATION >   |  | NOT AT INTERSECTION:                    |                      |                       |   |  |  |
| <div>11Route# Direction Name of Roadway/Street<br/>At</div> <div>21Route# Direction Name of Intersecting Roadway/Street<br/>Also at Intersection with</div> <div>31Route# Direction Name of Intersecting Roadway/Street</div>      |                                |                     | <div>29WEST 792 BEACON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____<br/>Mile Marker Exit Number</div> <div>Feet N S E W of _____<br/>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____<br/>Landmark</div> |  |   |                      |                       |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 #Occupants   |                                |                     | <input checked="" type="checkbox"/> Hit/Run  |  | <input type="checkbox"/> Moped          |                      | Case Number 190000763 |   |  |  |
| License # --- St MA DOB/Age ---  |                                |                     | Reg # S74992   |  | Reg Type CON                            |                      | Reg State MA          |   |  |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Endorsment  |                                |                     | Veh Year 2015  |  | Veh Make FORD                           |                      | Veh Config. 2 20      |   |  |  |
| Operator AGRANOVITCH KONSTATINE<br>Last First Middle   |                                |                     | Owner MEDFORD WELLING<br>Last First Middle   |  |   |                      |                       |   |  |  |
| Address 96 SUTHERLAND ROAD (apt. 13)   |                                |                     | Address 9 EXECUTIVE PARK DRIVE   |  |   |                      |                       |   |  |  |
| City BRIGHTON State MA Zip 02135   |                                |                     | City BILLERICA State Zip   |  |   |                      |                       |   |  |  |
| Insurance Company ARBELLA PROTECTION   |                                |                     | 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   |  | 3 4                                     |                      | 10 Undercarriage      |   |  |  |
| Citation # (If Issued) _____   |                                |                     | Most Harmful Event 1 23  |  | 1 2 3 4 5 6 7 8 9 10 11                 |                      | 11 Totaled            |   |  |  |
| 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 Medical Facility  |                                |                     |  |  |   |                      |                       |   | 2  |  |
| Operator See Above   |                                |                     | 99 4 99 0 0 10 1   |  |   |                      | NONE                  |   |  |  |
|  |                                |                     |  |  |   |                      |                       |   |  |  |
|  |                                |                     |  |  |   |                      |                       |   |  |  |
|  |                                |                     |  |  |   |                      |                       |   |  |  |
| 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 _____<br>Endorsment  |                                |                     | Veh Year   |  | Veh Make                                |                      | Veh Config. 20        |   |  |  |
| Operator _____<br>Last First Middle  |                                |                     | Owner _____<br>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) |                      |                       |   |  |  |
| Vehicle Travel Direction: N S E W Responding to Emergency? _____   |                                |                     | Event Sequence 22 22 22 22 2   |  | 3 4                                     |                      | 10 Undercarriage      |   |  |  |
| Citation # (If Issued) _____   |                                |                     | Most Harmful Event 23  |  | 1 2 3 4 5 6 7 8 9 10 11                 |                      | 11 Totaled            |   |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____  |                                |                     | Driver Contributing Code 24 24   |  |   |                      |                       |   |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |                                |                     | Underride/Override 25 Towed  |  |   |                      |                       |   |  |  |
| 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    →

**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 Motor Vehicle #1 was sitting in his vehicle parked at a metered spot facing Westbound on Beacon Street. Operator of motor vehicle #1 stated that he felt the vehicle move and walked outside and noticed that the rear break light was smashed.

Operator of Motor vehicle #1 stated that he stopped a Toyota Camry that he thought struck the vehicle however there was no damage to camry and the operator stated that he did not hit his vehicle.

Operator of motor vehicle #1 stated he was unable to locate the vehicle that struck his car.

I canvassed the surrounding businesses and all businesses had negative results for cameras outside that would be able to capture the hit and run.

**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

ZOI H LAZARAKIS

NEWTON POLICE DEPART

07/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date