Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
07/31/2019	17:10 24HR	NEWTON	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

LOCATION

AT INTERSECTION:

1 — Route# 1 | Direction: EAST | Name of Roadway/Street: JACKSON ST

At

Route#: SOUTH | Name of Intersecting Roadway/Street: LANGLEY RD

Also at Intersection with

2 — Route# 2 | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

9 — Route# 2 | Direction | Address # | Name of Roadway/Street

10 — Route# 2 | _____ Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or _____ Exit Number

_____ Feet [N S E W] of | Route# | Intersecting Roadway/Street

11 — 3 | _____ Feet [N S E W] of | Landmark

3 — ☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number: 1900000786

Vehicle 1

License # --- St MA DOB/Age -- -- ----

Sex M | Lic. Class D (18 / 18) | Lic. Restrictions 1 (19) | CDL Endorsment

Reg # 1YV567 | Reg Type PAN | Reg State MA

Veh Year 2017 | Veh Make MINI COOPER | Veh Config. 1 (20)

4 — 3 — Operator: ORKIN (Last) ILYA (First) (Middle)

Address: 280 BOYLSTON STREET

City CHESTNUT HILL | State MA | Zip 02467

Insurance Company: LM GENERAL

5 — 1 — Vehicle Travel Direction: [N X E W] | Responding to Emergency?____

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

6 — 2 — Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

12 — 1 — Owner: FINANCIAL SERVICI (Last) (First) (Middle)

Address: 5550 BRITTON PKWY

City HILLARD | State OH | Zip 43026

Vehicle Action Prior to Crash: 1 (21)

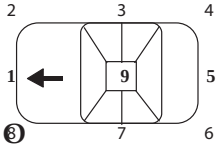
Event Sequence: 1 (22) | 22 | 22 | 22 | 22

Most Harmful Event: 1 (23)

Driver Contributing Code: 1 (24) | (24)

Underride/Override: (25) | Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

13 — 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	See Above	--------	---	---	1	4	99	0	0	10	1	

7 — 2 — Please Select One of the Following: ☒ Vehicle 2 | 1 #Occupants | ☐ Non-Motorist A | Type (14) | Action (15) | Location (16) | Condition (17) | ☐ Hit/Run | ☐ Moped

Vehicle 2

License # --- St MA DOB/Age -- -- ----

Sex F | Lic. Class D (18 / 18) | Lic. Restrictions 1 (19) | CDL Endorsment

Reg # 198MF7 | Reg Type PAN | Reg State MA

Veh Year 2007 | Veh Make TOYOTA | Veh Config. 1 (20)

8 — 4 — Operator: ROBINSON (Last) ANN (First) T (Middle)

Address: 350 BOYLSTON STREET (apt. 207)

City NEWTON | State MA | Zip 02459

Insurance Company: COMMERCE INSURANCE

Vehicle Travel Direction: [N X E W] | Responding to Emergency?____

Citation # (If Issued) T1271327

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Owner: (Same as operator) (Last) (First) (Middle)

Address _____

City _____ | State_____ Zip _____

Vehicle Action Prior to Crash: 5 (21)

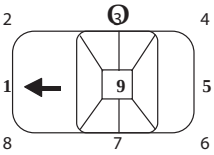
Event Sequence: 1 (22) | 22 | 22 | 22 | 22

Most Harmful Event: 1 (23)

Driver Contributing Code: 4 (24) | (24)

Underride/Override: (25) | Towed N

Damaged Area Code: (Circle Up to Three)



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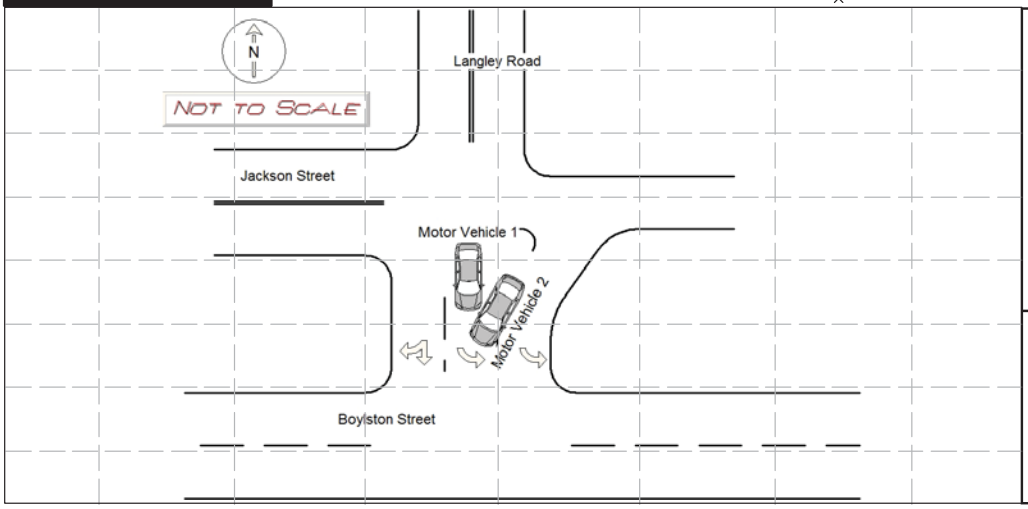
Operator/Non-Motorist	See Above	--------	---	---	1	4	99	0	0	10	1	

→ 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:

Motor vehicle 1 (MV1) was traveling southbound on Langley Rd. when motor vehicle 2 (MV2) attempted to merge into the straight travel lane from the left turn lane, causing MV1 to crash into the side of MV2. MV 1 sustained front drivers side damage. MV2 sustained passengers side damage. I issued the operator of MV2 MA uniform citation T12713227 for Ch. 89/8 (fail to yield right of way) and Ch. 90/11 (license not in possession).

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]

ALEXANDER COLETTI		28070	NEWTON POLICE DEPARTM		07/31/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00