

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/06/2019	Time of Crash 12:14 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 10 WINDSOR RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 99				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000810		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 536PRR Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 2 20			Operator Lifishin Maxim Address 426 HOMER ST City NEWTON State MA Zip 02459			1 12		
Insurance Company SAFETY			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 1 9 10 Undercarriage Driver Contributing Code 24 24 5 11 Totaled			5		
Vehicle Travel Direction: N S E W Responding to Emergency?			Underride/Override 25 Towed N			Citation # (If Issued)			6 1		
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									13 2		
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # St DOB/Age			Reg # Reg Type Reg State			Operator UNKNOWN UNKNOWN UNKNOWN			8 1		
Sex Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment UNKNOWN			Veh Year Veh Make UNKNOWN Veh Config. 20			Owner (Same as operator)					
Address UNK UNK			Address			City UNK State XX Zip UNK					
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 3 4			10 Undercarriage		
Vehicle Travel Direction: N X E W Responding to Emergency?			Underride/Override 25 Towed N			Citation # (If Issued)			5 11 Totaled		
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									13 2		
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator/Non-Motorist See Above											

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Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report				Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>	
	24HR								Latitude	Local Police	<input type="checkbox"/>	
									Longitude	MBTA Police	<input type="checkbox"/>	
										Other:	<input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					9
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									10
At			Feet N S E W of or Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street									11
Also at Intersection with			Feet N S E W of									
Route# Direction Name of Intersecting Roadway/Street			Landmark									
<input type="checkbox"/> Vehicle #Occupants			<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			Veh Year Veh Make Veh Config. 20									
Endorsment			Operator Last First Middle			Owner Last First Middle						12
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						
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6						
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			-----						
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" 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 F Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20									
Endorsment			Operator Last First Middle			Owner Last First Middle						
Address 426 HOMER ST			Address									
City NEWTON State MA Zip 02459			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						
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Operator/Non-Motorist			See Above			-----			10 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:

On 8/6/2019 at approx 1214hrs while assigned to 497 I responded to 10 Windsor Rd for a report of a hit and run. upon arrival I met with Lilia LEVITINA who stated her car , Ma Reg 536PRR was hit while she was in shopping. LEVITINAS car had damage to the front left . The owner of The Waban Market came out while I was standing there and told me he had no cameras that cover the front of his store.

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

JO A GOURDEAU

NEWTON POLICE DEPART

08/07/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date