

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/10/2019		Time of Crash 12:57 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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 _____				WEST 2040 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet [N S E W] of _____ Landmark _____								11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000825			3	
License # _____ St MA DOB/Age _____				Reg # 6VR326 Reg Type PAN Reg State MA									12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2005 Veh Make BMW Veh Config. 1 20									1	
Operator STEBENKOV ALEKSKY Last First Middle				Owner (Same as operator) Last First Middle									1	
Address 84 FAIRHAVEN AVE (apt. 2)				Address _____										
City CHICOPEE State MA Zip 01013				City _____ State _____ Zip _____										
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 1 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 9 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				8 7 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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													1	
Operator See Above				-----										
7				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 NH DOB/Age _____				Reg # 2653517 Reg Type APP Reg State IA										
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make FREIGHT Veh Config. 10 20										
Operator VELEZ SIGFREDO Last First Middle				Owner RYDER TRUCK Last First Middle										
Address 102 CRESTWOOD DR				Address 3100 INDUSTRIAL PKWY										
City HOLLIS State NH Zip 03049				City JEFFERSON State IA Zip 46041										
Insurance Company SELF				Vehicle Action Prior to Crash 10 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 9 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				8 7 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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:**

2030 Comm Ave

Unit 2

Unit 1

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:**

Sigfredo Velez was backing vehicle #2 into a driveway to make a delivery. Velez states that he was already into his turn when vehicle #1 tried to go around his truck, while doing so Vehicle #1 struck Velez truck. Aleksey Stebenkov states that he attempted to go around vehicle #2 and when he did he hit vehicle #2. No injuries no tows.

**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

STEPHEN T COTTENS

NEWTON POLICE DEPART

08/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date