

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 08/17/2019	Time of Crash 11:41 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
NORTH NEVADA ST Route# Direction Name of Roadway/Street At EAST WATERTOWN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000846			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ALEKSEYEV YURIY Address 504 WATERTOWN ST City NEWTON State MA Zip 02460 Insurance Company GEICO			Reg # 3SS489 Reg Type PAN Reg State MA Veh Year 2017 Veh Make INFINITI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 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			13							
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 --- --- 1 4 4 0 0 10 1							
ALEKSEYEVA, NATALYA 504 WATERTOWN ST. NEWTON, MA 02460			--- --- F 3 1 4 4 0 0 10 1							
Please Select One of the Following:			14 Action 15 Location 16 Condition 17							
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Non-Motorist A Type							
License # --- St DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____ 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 _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ 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			13							
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 --- --- ---							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Unit 2

Unit 1

nevada st

watertown st

NOT TO SCALE

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 8-17-19 AT APPROX. 1141HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT THE INTERSECTION OF WATERTOWN ST. AND NEVADA ST. I SPOKE WITH THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON WATERTOWN AND WAS GOING TO MAKE A LEFT TURN ONTO NEVADA. WHILE TURNING DRIVER STATES HE WAS HIT ON THE LEFT SIDE BY VEHICLE #2. VEHICLE #2 BACKED UP AND SPED AWAY FROM THE SCENE BEFORE EXCHANGING INFORMATION. VEHICLE #2 WAS DESCRIBED AS A GRAY VEHICLE DRIVEN BY A FEMALE. VEHICLE #1 GAVE ME A PLATE (MA REG: 2MXB31). WHEN I RAN THE PLATE THROUGH THE REGISTRY DATABASE IT CAME BACK AS A VEHICLE THAT DOES NOT EXIST. VEHICLE #1 HAD EXCHANGED EMAIL (PRIOR TO MY ARRIVAL) WITH A WITNESS WHO SAW THE ACCIDENT AND WAS TRYING TO SEND THE DRIVER OF VEHICLE #1 FOOTAGE FROM HIS DASHCAM. VEHICLE #1 HAS SCRAPES ON THE LEFT REAR QTR. PANEL OF HIS VEHICLE. VEHICLE #1 REPORTS NO INJURIES AND WAS ADVISED TO

(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

THOMAS P WALSH

NEWTON POLICE DEPART

08/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

CDP1 11 -24:00