

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/14/2019		Time of Crash 12:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 10 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:									
EAST BOYLSTON ST															
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street											
At				Feet N S E W of _____ or _____											
RAMSDELL ST				Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____											
Also at Intersection with				Route# Intersecting Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street				Landmark											
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000941									
License # --- St MA DOB/Age ---				Reg # 1ZKZ51 Reg Type PAS Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2019 Veh Make HONDA Veh Config. 1 20											
Operator SHPITALNIK LEO				Owner HONDA LEASE TRU											
Address 62 LEE RD				Address 600 KELLY WAY											
City NEEDHAM State MA Zip 02494				City HOLYOKE State MA Zip 01040											
Insurance Company IDS PROPERTY CAUS.				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled							
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
Operator		See Above		-----		---	---	1	4	99	0	0	10	1	
SHPITALNIK, ALLA		62 LEE RD NEEDHAM, MA 02494		-----		F	3	1	4	99	0	0	9	1	
SHPITALNIK, ESTHER		62 LEE RD NEEDHAM, MA 02494		-----		F	4	1	4	99	0	0	10	1	
SHPITALNIK, SIMON		62 LEE RD NEEDHAM, MA 02494		-----		M	5	4	4	99	0	0	9	2	NEWTON-WELLESLEY H
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												13			
License # --- St MA DOB/Age ---				Reg # 5HV888 Reg Type PAS Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 2009 Veh Make LEXUS Veh Config. 1 20											
Operator LIU YIXUAN				Owner ZHAO RONG											
Address 15 CHENEY CT				Address 15 CHANEY ST											
City NEWTON State MA Zip 02464				City NEWTON State MA Zip 02464											
Insurance Company PLYMOUTH ROCK ASSURANCE				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4							
Citation # (If Issued) T1445110				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch A7/17 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled							
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
Operator/Non-Motorist		See Above		-----		---	---	1	4	99	0	0	10	1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

RAMSDELL ST

ELLIOT ST ON RAMP

Unit 1

Unit 2

BOYLSTON ST EAST

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:

M.V. #1 was merging onto Rt. East when they were bumped from behind by veh #2. There was a newborn in veh #1 so as a precaution, the baby and its mother was transported by Medics to Newton-Wellesley Hospital to get checked out. Passenger #1 complained of headache after Medics left but didn't want me to call for a transport. She stated she would take some Tylenol and see how she felt later on. Very minor damage to veh #1.

The operator of veh#2 stated she was merging onto Rt. 9 East when she didn't realize veh #1 in front of her didn't proceed and that's when she struck the rear of the car. Operator handed Mass Citation #T1445110 for N.C.O. -Failure to Use Care in Starting. Very minor damage to veh #2.

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

ZACHARY S RAYMOND **NEWTON POLICE DEPT** **09/14/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00