

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 10/29/2019		Time of Crash 19:16 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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				
SOUTH HIGHLAND ST												2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10				
At				Feet N S E W of _____ or _____												
EAST WASHINGTON ST																
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number												
Also at Intersection with				Feet N S E W of _____								11				
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								2				
				Landmark												
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001108								
License # --- St MA DOB/Age ---				Reg # 4DX249 Reg Type PAN Reg State MA												
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20												
Operator HEGHINIAN OHAN K				Owner (Same as operator)									12			
Address 15 PARK RD				Address _____												
City BELMONT State MA Zip 02478				City _____ State _____ Zip _____												
Insurance Company SAFETY				Vehicle Action Prior to Crash 3 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E 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 9 24 24				11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6								
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				-----				1 4 99 0 0 10 1								
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 MA DOB/Age ---				Reg # 492XYA Reg Type PAN Reg State MA												
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2017 Veh Make MAZDA Veh Config. 1 20												
Operator HORDYNSKY LARISSA				Owner (Same as operator)												
Address 365 CHERRY ST				Address _____												
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____												
Insurance Company ARBELLA MUTUAL				Vehicle Action Prior to Crash 3 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E 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								
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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				-----				3 4 99 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Highland St

Washington St

Vehicle 1

Vehicle 2

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 Tuesday, October 29th, 2019 at approximately 1916 hours, I, Officer Newton and Officer Healy responded to a motor vehicle accident at Highland St and Hunter St.

Upon arrival I spoke with the operator of vehicle 2. She stated she was on Washington St in the right lane taking a right on Highland St. She stated vehicle 1 was in the lane to her left and cut in front of her during the right turn and caused the vehicles to collide. She then followed vehicle 1 onto Hunter St.

The operator of vehicle 1 stated he took a left off Cherry St onto Washington St and needed to take a quick right on Highland St. He stated he was not in the right lane and looked and thought it was clear to make a right turn. He then thought he hit the curb but saw vehicle 2 following him so he turned on to Hunter St.

Neither operator claimed they had any injuries. Both vehicles were able to drive away from the scene without

(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

RICHARD NEWTON **NEWTON POLICE DEPT** **10/29/2019**

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

CDP1 11 -24:00

