

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/20/2019	Time of Crash 17:27 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
SOUTH LAGRANGE ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of _____ • _____ or _____				Mile Marker Exit Number				
NORTH VINE ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001188		
License # --- St MA DOB/Age ---			Reg # 9BJ848 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make JEEP Veh Config. 1 20								
Operator BRAININ MISHA			Owner (Same as operator)								
Address 3 ANDREW CIRCLE			Address _____								
City NATICK State MA Zip 01760			City _____ State _____ Zip _____								
Insurance Company SAFECO INSURANCE			Vehicle Action Prior to Crash 4 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			1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 6 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			6 7 8					
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 See Above			-----			1 4 4 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 # 1YGT60 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014 Veh Make NISS Veh Config. 1 20								
Operator MOSES CHRISTOPHER			Owner HAO CHUN								
Address 15 BAKER PL			Address 15 (apt. 1) BAKER PL								
City NEWTON State MA Zip 02132			City WEST ROXBURY State MA Zip 02132								
Insurance Company USAA CASUALTY			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			6 7 8					
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			-----			1 4 4 0 0 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 November 20th, 2019 at 17:27 hours, a two vehicle motor vehicle accident took place at the intersection of Vine St and Lagrange St. There were no injuries. Vehicle 1 was being operated by registered owner Misha Brainin (Mass Reg #9BJ848, 2018 Jeep SUV Color Gray, Safeco Insurance). Vehicle # 2 was being operated by Christopher Moses (Mass Reg # 1YGT60, Niss Altima Color Red, USAA Casualty Insurance).

Misha stated he had come to a complete stop at the stop sign on Vine St. Misha took a left hand turn from Vine St on to Lagrange St. Christopher stated he was on Lagrange St waiting to take a left hand turn from Lagrange St on to Vine St. Both parties took a left hand turn at the same time and the vehicles collided. There was minor damage to Misha's vehicle in the front left side. There was major damage to Christopher's vehicle in the left rear side. Tody's towed Christopher's vehicle. Both vehicles are insured.

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

NICHOLAS JAMES GAMBLE NEWTON POLICE DEPARTM 11/20/2019

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

CDP1 11 -24:00