

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/21/2019	Time of Crash 17:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
<div>14Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>31Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 1600 WASHINGTON ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</div> <div>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ Route# _____ Intersecting Roadway/Street _____</div> <div>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001191			
License # --- St MA DOB/Age ---			Reg # 5DR889		Reg Type PAN		Reg State MA			
Sex F Lic. Class <input type="checkbox"/> D18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 119 CDL _____			Veh Year 2012		Veh Make VOLK		Veh Config. <input type="checkbox"/> 120			
Operator PIKUL ELENA			Owner (Same as operator)							
Address 1600 WASHINGTON ST (apt. 201)			Address _____							
City W NEWTON State MA Zip 02465			City _____ State _____ Zip _____							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash <input type="checkbox"/> 621		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 122 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 123		1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 19 <input type="checkbox"/> 24		1					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25		Towed N					
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			-----		99 4 99 0 0 99 2		NWH			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14		Action <input type="checkbox"/> 15		Location <input type="checkbox"/> 16		Condition <input type="checkbox"/> 17	
<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped							
License # --- St XX DOB/Age ---			Reg # 6417XJ		Reg Type PC		Reg State ME			
Sex M Lic. Class <input type="checkbox"/> 9918 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 119 CDL _____			Veh Year 2019		Veh Make LINC		Veh Config. <input type="checkbox"/> 120			
Operator TANCHUMA GUY			Owner (Same as operator)							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company UNKNOWN			Vehicle Action Prior to Crash <input type="checkbox"/> 121		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 122 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		3		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 123		1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 124 <input type="checkbox"/> 124		1					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 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			-----		99 4 99 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON ST
1600 WASHINGTON ST
WASHINGTON ST
GREENOUGH ST
Unit 1

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:

OPMV#1 Was traveling Southbound on Greenough St and came to a stop at the intersection of Washington St and Greenough St. OPMV#1 entered the Westbound lane of Washington St crossing over into the Eastbound lane when she was struck by the OPMV#2.

OPMV#1 Stated she was being let go by people stuck in traffic and when she entered the other lane, that is when she was struck by another vehicle.

OPMV#2 Was traveling Eastbound on Washington St when a vehicle pulled out in front of him causing him to collide with the OPMV#1.

OPMV#2 Stated he was traveling straight on Washington St to get onto the Mass Pike to go to the airport when I vehicle pulled out in front of him and he had no time to stop.

(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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

MV#2 Was towed by Tody's Towing. OPMV#1 Was transported to NWH by EMS.

[illegible]

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

REID LARSON

NEWTON POLICE DEPARTMENT

11/21/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____