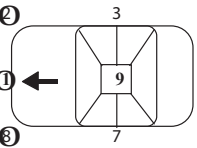
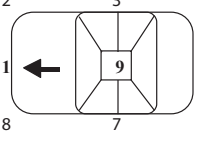


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/30/2019	Time of Crash 10:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 268 DEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001343	
License # _____ St MA DOB/Age _____			Reg # 2ZF282			Reg Type PAS			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2000			Veh Make LEXUS			Veh Config. 1 20	
Operator MOSKALENKO VIRA Last First Middle			Owner (Same as operator) Last First Middle							
Address 3 SPRUCE LANE (apt. 3)			Address _____							
City NATICK State MA Zip 01760			City _____ State _____ Zip _____							
Insurance Company THE COMMERCE INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 20 22 21 22 22 22 21 23						10 Undercarriage 11 Totaled	
Citation # (If Issued) T2013422			Most Harmful Event 21							
Violation 1: Ch 90/174 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 7 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 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 See Above			-----			1 3 99 0 0 8 2			NEWTON-WELLESLEY H	
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____ Last First Middle			Owner _____ Last First Middle							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22 23						10 Undercarriage 11 Totaled	
Citation # (If Issued) _____			Most Harmful Event 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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			-----			-----				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

BOUNDBROOK RD

#268 DEDHAM ST

DEDHAM ST

BRUSH HILL RD

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 12/30/19 I responded to a single vehicle crash on Dedham St. outside of #268. The operator stated she was traveling due North on Dedham St at 25mph when she lost control of her vehicle due to icy conditions. Tracing back the vehicles tires marks in the slush, the car appeared to cross the double yellow lines near Brush Hill Rd and then back to the correct lane sideways before striking the curb, then a city tree in front of #268 Dedham St. There were multiple air bag deployments in the vehicle. Ambulance #1 arrived on scene and transported the operator due to a complaint of right chest pain from the seatbelt. N523 Traffic Officer Wilson arrived on scene and took pictures of the damage to the city tree. The vehicle was towed by Tody's Towing and the operator was mailed Mass. citation # T2013422 for Ch90/sec17-Speeding (too fast for conditions).

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY, OF	1000 COMMONWELATH AVE NEWTON, MASSACHUSETTS 0	617-796-2000	3	DAMAGE TO CITY TREE IN FRONT OF #268 DEDHAM ST

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 DEPARTMENT** **12/30/2019**

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

CDP1 11 -24-00

