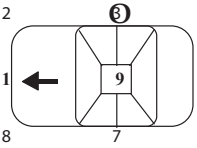
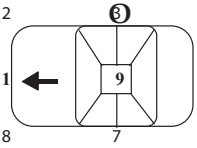
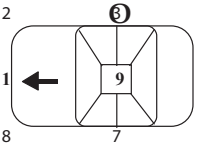
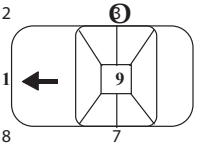
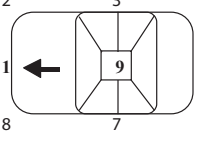
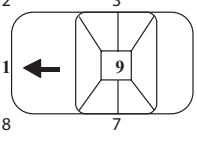
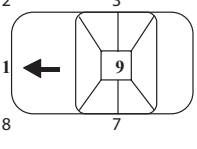
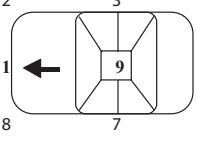


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 02/15/2020	Time of Crash 13:27 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>5</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			EAST 14 ELLIOT 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									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street			Landmark									
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000159					
License # --- St MA DOB/Age ---			Reg # 7EK387		Reg Type PAS		Reg State MA					
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2017		Veh Make MAZDA		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20					
Operator ZAVLIN GALINA Last First Middle			Owner OFENGHEIM LEONID Last First Middle									
Address 83 CAMERON RD			Address 83 CAMERON RD									
City NORWOOD State MA Zip 02062			City NORWOOD State MA Zip 02062									
Insurance Company ALLSTATE INSURANCE CO.			Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 97 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 		10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 35 <input type="checkbox"/> 23		1 							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24		8 							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N		6 							
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 99 0 0 10 1			
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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			
License # --- St DOB/Age ---			Reg # ---		Reg Type ---		Reg State ---					
Sex --- Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year ---		Veh Make ---		Veh Config. <input type="checkbox"/> 20					
Operator --- Last First Middle			Owner --- Last First Middle									
Address ---			Address ---									
City --- State --- Zip ---			City --- State --- Zip ---									
Insurance Company ---			Vehicle Action Prior to Crash <input type="checkbox"/> 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 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 		10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23		1 							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24		8 							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed ---		6 							
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 →

Crash Diagram:

RT 9 EAST

ELLIOT ST

#14 ELLIOT ST-NEGOSHIAN'S SUNOCO GAS STATION

Unit 1

Unit 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 02/15/20 at approximately 13:27 Officer Anderson and I responded to #14 Elliot St- The Negoshians Sunoco Gas Station to meet with the operator of Mass. Reg# 7EK387 Grey 2017 Mazda 3, Galina Zavlin. Zalvin stated she spoke with Edward Negoshian who told her she ran into Fuel Pump #6 and dented the metallic base after striking the fuel nozzle of Pump #4 approximately a half hour ago while she was fueling up. Zalvin admitted to hitting Fuel Pump #4 with her passengers side mirror but denied ever striking Fuel Pump #6 or the Oil Dolly Display as stated by Negoshian. Officer Anderson asked Negoshian if his security cameras were working and he pointed to the closest one and said "not that one" . He went on to say that he didn't know how to retrieve the security footage. I observed the Mazda 3 in question and didn't see any damage or dents in the front of the vehicle. The approx 1-2" dent on Fuel Pump #6 is showing signs of rust and appears to be old

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
O'DONNELL, JOHN,	3 BAYFIELD RD WAYLAND,MA 01778	-----	Y
NEGOSHIAN, EDWARD,	14 ELLIOT ST NEWTON,MA 02467	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEGOSHIAN, EDWARD,	14 ELLIOT ST NEWTON,MASSACHUSETTS 0	617-527-9858	97	DENTED FUEL PUMP #6

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 DEPART

02/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

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

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

42

CDP1 11 -24:00