

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 03/26/2020	Time of Crash 15:47 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:							
<div>WEST COMMONWEALTH AVE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH LEXINGTON ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000248					
License # --- St MA DOB/Age ---			Reg # 9EC977		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017		Veh Make SUBARU		Veh Config. 1 20					
Operator SIDORENKO DUSTIN LEE			Owner FILTEAU DAVID									
Address 78 CHERRY ST			Address 92 MILL ST									
City WALTHAM State MA Zip 02453			City NEWTON State MA Zip 02461									
Insurance Company GEICO			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		10 Undercarriage					
Citation # (If Issued) T2015083			Most Harmful Event 1 23		① 9		5 11 Totaled					
Violation 1: Ch 90/234 Sec Violation 2: Ch 90/244 Sec			Driver Contributing Code 4 24 10 24		8 7 6							
Violation 3: Ch 90/244 Sec Violation 4: Ch 89/9 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 4 4 0 0 10 1		NONE	
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 # 735GH9		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014		Veh Make HONDA		Veh Config. 1 20					
Operator ABRAHAMS GARY			Owner (Same as operator)									
Address 29 WASHINGTON PK			Address _____									
City NEWTONVILLE State MA Zip 02460			City _____ State _____ Zip _____									
Insurance Company QUINCY MUTUAL FIRE INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		② 3 4		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23		① 9		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		① 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 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/Non-Motorist			See Above		-----		---		1 4 4 0 0 10 1		NONE	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Lexington St

P.O.I.

MV1

MV2

Commonwealth Ave

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 Thursday March 26, 2020 at approximately 1547 hours I was dispatched to the intersection of Commonwealth Ave at Lexington St (both public ways) for a motor vehicle accident.

MV1 operator was unsteady on his feet, bloodshot and glassy eyes, slurred speech, and had an odor of alcoholic beverages coming from his breath. MV1 operator stated he was driving westbound on Commonwealth Ave and then took a left onto Lexington St southbound. MV1 operator stated he was then struck on the front passenger bumper by MV2. MV1 operator at the time reported no injuries. MV1 sustained heavy front end damage to the front passenger wheel well and was towed by Todys.

MV2 operator stated he was driving eastbound on Commonwealth Ave and driving through the intersection because he had a green light. MV2 operator stated MV1 took a quick left hand turn in front of him and that he was

(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

**MARK HATFIELD**      NEWTON POLICE DEPT      03/26/2020

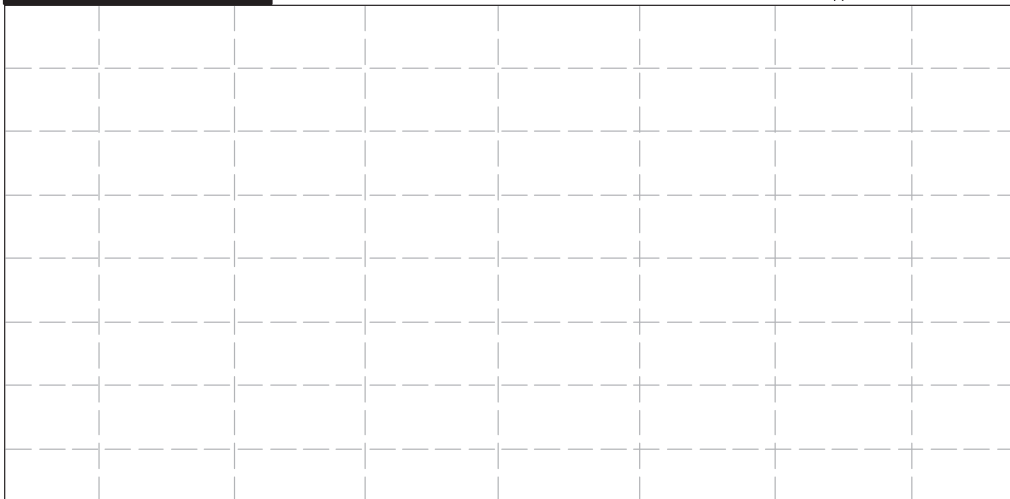
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 2 →



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:**

unable to stop. MV2 struck the front passenger bumper of MV1 and MV2 sustained front end damage. MV2 operator reported no injuries.

MV1 operator was placed under arrest for Operating after Suspension, OUI Liquor, Negligent Operation, and for a warrant out of Waltham District Court.

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**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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

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

MARK HATFIELD

NEWTON POLICE DEPART

03/26/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date