

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/15/2020	Time of Crash 20:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25 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:	
NORTH CHESTNUT ST Route# Direction Name of Roadway/Street At EAST BOYLSTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street		Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input checked="" type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 200000263
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License # _____ St _____ DOB/Age ____-____-____ Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator UNKNOWN UNKNOWN UNKNOWN Address UNK UNK City UNK State XX Zip UNK Insurance Company UNK	Reg # UNK Reg Type UNK Reg State XX Veh Year UNK Veh Make UNK Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 4 22 22 22 22 Most Harmful Event 4 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N	Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled
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Please fill out for operator and all occupants involved		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	99	99	0	99	99	1	

Please Select One of the Following:	<input type="checkbox"/> Vehicle #Occupants	<input checked="" type="checkbox"/> Non-Motorist A Type	2 14	Action 1 15	Location 4 16	Condition 99 17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age ____-____-____ Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator LISTUNOV OLEG Address 30 GREENOUGH ST City NEWTON State MA Zip 02465 Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____	Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled
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Operator/Non-Motorist	See Above	-----	---	---						8	97	BRIGHAM AND WOMEN

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

BOYLSTON ST OFF RAMP

MV1

P.O.

CHESTNUT ST

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 April 16, 2020, while assigned to WN, I took a report at the front desk for a past MVA/Bicyclist hit and run.

LISTUNOV, Oleg reported that on 4/15/20, at approximately 2000 hrs, he was traveling on his bicycle Northbound on Chestnut St. approaching the intersection of Boylston St. He stated he did not stop at the stop sign due to the hill decent, at which time he was struck by MV1 on the left side and knocked to the ground. MV1 was traveling Eastbound on the Boylston St. off ramp. LISTUNOV stated MV1 stopped at the stop sign, and probably did not see him as they then proceeded straight into the intersection. LISTUNOV stated the female driver asked if he was okay and then left the scene. He wasn't able to remember any description other than a possibly yellow, orange, or light colored car.

(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 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

KAYLA PATRICIA DONAHUE

NEWTON POLICE DEPART

04/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

LISTUNOV then proceeded home before responding to Brigham and Women's Hospital. He sustained the following injuries: abrasion to the left side of forehead with internal bleeding, left black eye, right dislocated pinky, cut under chin, abrasions and swelling on both knees. I took photos of his injuries and submitted them to the IT bureau.

LISTUNOV was riding a black bicycle, and was wearing black jeans, blue jacket, blue baseball hat, and no helmet.

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Registration # _____ (From Vehicle Section)

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Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

KAYLA PATRICIA DONAHUE

NEWTON POLICE DEPART

04/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date