

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/31/2020		Time of Crash 00:36 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
<div>14</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>				WEST 20		NAHANTON ST						2	
				Route# Direction Address #		Name of Roadway/Street						10	
				Feet N S E W of		Mile Marker or Exit Number							
				Feet N S E W of		DEDHAM ST						11	
Route# Direction Name of Intersecting Roadway/Street		Route#		Intersecting Roadway/Street						1			
		Landmark											
<input checked="" type="checkbox"/> Vehicle 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000310				3	
License # --- St MA DOB/Age ---				Reg # 9ATB20		Reg Type PAN		Reg State MA		12			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2017		Veh Make BMW		Veh Config. 1 20					
Operator SHKYLAR ROBERT				Owner SHKYLAR YEUGENY									
Address 27 VOYAGERS LN				Address 27 VOYAGERS LN									
City ASHLAND State MA Zip 01721				City ASHLAND		State MA		Zip 01721					
Insurance Company SAFECO				Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 22 22 22 22		3 4		10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 22 23		0 1		5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24		6 7							
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved										13			
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 1 4 0 0 10 1					
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										22			
License # --- St DOB/Age ---				Reg #		Reg Type		Reg State					
Sex Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				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: N S E W Responding to Emergency?				Event Sequence 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 23		1 2		5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24		8 7 6							
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:

Dedham St

Unit 1

P.O.I.

20 Nahanton St

N

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 Sunday, May 31st, 2020 at 0145 hours, I responded to 20 Nahanton St for a single motor vehicle collision into a telephone pole. The motor vehicle (Mass Reg #9ATB20 2017 BMW COLOR BLACK) was being operated by Robert Shklyar. Robert stated he was driving north on Dedham St when he took a left hand turn at the intersection of Dedham and Nahanton St. While turning left on Nahanton St, he stated he lost control of the vehicle and drifted into the other lane where he crashed into the telephone pole in front of 20 Nahanton St. Robert also stated the roadway was dark and he did not see the curve in the road ahead of him. I observed all the roadside lights to be working properly upon inspection. Robert did not have any injuries. The motor vehicle suffered major front end damage with air bag deployment. Roadside Rescue responded and Towed the BMW. Eversource and Verizon were notified about the pole. The vehicle is insured by Safeco.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON,,	20 NAHANTON ST NEWTON, MASSACHUSETTS 0		4	TELEPHONE POLE NUMBER 3

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

NICHOLAS JAMES GAMBLE NEWTON POLICE DEPART 05/31/2020

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

CDP1 11 -24-00