

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/26/2020		Time of Crash 08:54 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9	
SUTCLIFFE PK												2	
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10	
NORTH WINCHESTER ST						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____ Landmark						3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000345							
License # --- St MA DOB/Age ---				Reg # 1DNT18 Reg Type PAS Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make BMW Veh Config. 1 20									
Operator THOMSON JAMES Last First Middle				Owner FINANCIAL CORP. TELESTAR Last First Middle								12	
Address 173 WOODLANE RD				Address 160 (apt. 320) GOULD ST									
City BROOKLINE State MA Zip 02467				City NEEDHAM State MA Zip 02494									
Insurance Company SAFETY INS				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 1 22 22 22 22 2		3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23		10 Undercarriage 5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		7 6							
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								1	
Operator See Above				----- --- 1 4 99 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 NY DOB/Age ---				Reg # T70171 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2004 Veh Make ISU Veh Config. 13 20									
Operator BOGOMOLOV MIKHAIL Last First Middle				Owner MOVING COMPANY OCTOPUS Last First Middle									
Address 100 WHITMAN DR				Address 140B N. BEACON ST									
City BROOKLYN State NY Zip 11234				City BRIGHTON State MA Zip 02135									
Insurance Company PILGRIM INS				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2		3 4							
Citation # (If Issued) T2080844				Most Harmful Event 1 23		10 Undercarriage 5 11 Totaled							
Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24		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 99 0 0 10 1									
CORDOVA, ARGIRO 19 MARLBORO ST CHELSEA, MA 02150				----- M 3 1 4 99 0 0 10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

The operator of veh #1 stated he was driving due North on Winchester St. when veh #2 suddenly turned in front of him. Heavy damage to veh #1 as it was towed from the scene by Tody's Towing.

The operator of veh #2 stated he was driving his work delivery truck due South on Winchester St. when he looked down the road and then down Sutcliffe Pk as he turned. The operator stated he failed to look back at Winchester St and that's when he struck veh #1. Light damage to veh #2. Operator of veh #2 cited in hand Mass# T2080844 N.C.O. Ch19/Sec75-Failure to use care in turning. No reported injuries on scene. All roads mentioned/traveled upon in this report are public ways in this city as they are serviced and maintained by the City of Newton.

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