

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/22/2020		Time of Crash 01:12 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		
WATERTOWN ST												2		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
BRIDGE 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						Landmark						4		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000395						
License # --- St WA DOB/Age ---				Reg # 1XGM65		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012		Veh Make VOLVO		Veh Config. 1 20						
Operator YAKYMENTKO YEVHENII				Owner (Same as operator)									12	
Address 611 WASHINGTON STREET (apt. 2)				Address _____										
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____										
Insurance Company NORFOLK & DEDHAM MUTUAL				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 2 22 20 22 22 30 22		3 4		10 Undercarriage						
Citation # (If Issued) T2015085				Most Harmful Event 2 23		0 1		5 11 Totaled						
Violation 1: Ch 90/244 Sec _____ Violation 2: Ch 90/244 Sec _____				Driver Contributing Code 10 24 9 24		6 7 6								
Violation 3: Ch 89/4A 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													2	
Operator See Above				-----		---		1 1 4 0 0 10 1 NONE						
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age _____				Reg # 1VHC91		Reg Type PAN		Reg State MA						
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2015		Veh Make HONDA		Veh Config. 1 20						
Operator _____				Owner DAWKINS MARCIA E										
Address _____				Address 68 (apt. 3) WYMAN ST										
City _____ State _____ Zip _____				City WABAN State MA Zip 02468										
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X 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 1		5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		6 7 6								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ 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/Non-Motorist See Above				-----		---								

→ 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:

MV1 was operating westbound on Watertown St (public way). MV2 was parked on Watertown St in front of 144 Bridge St (public way). MV1 operator struck and side swiped MV2. MV2 sustained extensive damage.

MV1 continued westbound on Watertown St and struck a cross walk sign and Newton Fire Department box which both in front of Coletti-Magni Park, and both were destroyed. MV1 hit and hopped the curb of Watertown St in front of Coletti-Magni Park, drove onto the side walk, and hit the fence of Coletti-Magni Park and damaged much of it. MV1 then came at rest on top of the Coletti-Magni Park fence and sustained extensive damage. MV1 operator stated he was not injured at this time and sign a patient refusal with Newton Medics. MV2 was unoccupied. Both MV1 and MV2 were towed by Todys.

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