

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/01/2020	Time of Crash 10:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	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:				
Route# Direction Name of Roadway/Street At			SOUTH 1200 WALNUT ST Route# Direction Address # Name of Roadway/Street			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				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000419	
License # --- St MA DOB/Age ---			Reg # 5VH649 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				
Operator GAVRONSKY STAS			Veh Year 2015 Veh Make AUDI Veh Config. 1 20			Owner (Same as operator)				
Address 39 WAYLAND HILLS RD			Address _____			City _____ State _____ Zip _____				
City WAYLAND State MA Zip 01778			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Insurance Company COMMERCE INS			Event Sequence 36 22 22 22 22 2			Most Harmful Event 36 23				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N				
Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			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				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator See Above			Operator				
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										
License # --- St DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				
Operator _____			Veh Year _____ Veh Make _____ Veh Config. 20			Owner _____				
Address _____			Address _____			City _____ State _____ Zip _____				
City _____ State _____ Zip _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Insurance Company _____			Event Sequence 22 22 22 22 2			Most Harmful Event 23				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Driver Contributing Code 24 24			Underride/Override 25 Towed _____				
Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			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				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator/Non-Motorist See Above			Operator/Non-Motorist				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☹ Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

1177 WALNUT ST

WALNUT ST

1200 WALNUT 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 August 1, 2020 I responded to a single motor vehicle crash at 1200 Walnut St. I spoke to the owner of MV1 who said that he parked MV1 in front of 1177 Walnut St to run across the street and pick up his mail. When he exited his vehicle, he noticed that his vehicle began rolling southbound on Walnut St and crashed into city poles in front of 1200 Walnut St.

The owner of MV1 said that he had recently got his vehicle inspected but periodically would have the brake light come on and was planning on contacting his mechanic. MV1 has a manual transmission, and the owner said that he put the vehicle in gear, shut the vehicle off and used the electronic emergency brake. He believes that the emergency brake may have malfunctioned, causing the vehicle to roll southbound on Walnut St and crash.

(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
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	CEMENT POLES AROUND TREE

**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

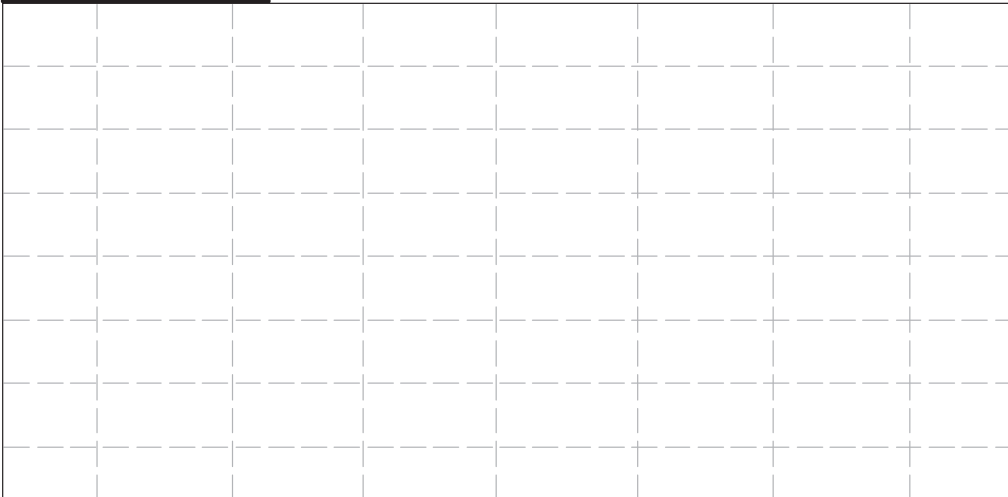
CHARLES P GUARINO	38802	NEWTON POLICE DEPART	08/01/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

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:**

As a result of the crash, MV1 sustained front end damage and there was visible damage to the city poles (used to protect the tree on the sidewalk). Officer Raymond took photographs of the damaged city property and submitted them to IT to be attached to this report.

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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

CHARLES P GUARINO

38802

NEWTON POLICE DEPART

08/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date