

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/23/2020	Time of Crash 17:38 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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:					
MAPLE ST										
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
16 WEST NONANTUM RD			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			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000472			
License # --- St MA DOB/Age -- --			Reg # LV85225		Reg Type LVN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2006		Veh Make TOYOTA		Veh Config. 2 20			
Operator RUBLEVSKIS ALEKSANDRS			Owner FOMINA DANIELA							
Address 100 TRAPELO RD (apt. 4)			Address 24 PARSONS ST							
City WALTHAM State MA Zip 02453			City SWAMPSCOTT State MA Zip 01907							
Insurance Company PILGRIM INSURANCE			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 2 22 22 22 22		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Citation # (If Issued)			Most Harmful Event 2 23							
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 10 24 24							
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		Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility					
Operator See Above			-----		99 4 4 0 0 9 2 MT AUBU					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age -- --			Reg # MP491B		Reg Type MVN		Reg State MA			
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL			Veh Year 2018		Veh Make FORD		Veh Config. 2 20			
Operator NEWTON RICHARD JOHN			Owner CITY OF NEWTON PD							
Address 1321 WASHINGTON ST			Address 1321 WASHINGTON ST							
City NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465							
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Citation # (If Issued)			Most Harmful Event 1 23							
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24							
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		Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility					
Operator/Non-Motorist See Above			-----		0 4 4 0 0 10 1 NONE					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

CHARLESBANK RD

NONANTUM RD

Unit 1

Unit 2-P.O.I.

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:

Vehicle#1 was stopped in the westbound lane of Nonantum Rd and the operator was unconscious at the wheel. Operator of MV#1 was being extracted out of the driver side seat of his vehicle for medical reasons by Newton Paramedics. After the extraction, vehicle#1 then rolled forward (car not in park) and struck the driver side of vehicle #2 which was unoccupied and parked in the eastbound lane of Nonantum Rd. Operator of Vehicle #1 was transported to Mt. Auburn Hospital for further medical assistance. Vehicle #1 was towed away by Tody's Towing. Vehicle #2 sustained minor damage to driver side door.

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

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