

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/03/2020	Time of Crash 09:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
WEST Route# Direction Name of Roadway/Street At SOUTH Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Landmark											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000493							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator HOVSEPYAN SONYA Address 434 MOUNT AUBURN ST (apt. 23) City WATERTOWN State MA Zip 02472 Insurance Company PLYMOUTH ROCK			Reg # 1LMA80 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec											
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
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 MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator NEMIROVSKY FREDERICK Address 21 COMMONWELTH TER City BRIGHTON State MA Zip 02135 Insurance Company GEICO GENERAL			Reg # 64VF02 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 3 24 24 Underride/Override 25 Towed Y Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec											
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Operator/Non-Motorist			See Above		-----		---		---		1 1 4 0 0 8 1			
NEMIROVSKY, LIDIA			21 COMMONWELTH TER MA		-----		F		4		1 1 4 0 0 10 1			

→ 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:

OPER OF MV#1 STATED THAT SHE WAS TRAVELLING SB ON HOBART RD (CROSSING BEACON ST ON A GREEN LIGHT) ,

WHEN MV#2 RAN THE RED LIGHT (WEST ON BEACON ST) AND STRUCK HER VEHICLE .

OPER OF MV#2 , STATED THAT HE WAS TRAVELLING WEST ON BEACON ST , AND STRUCK MV#1 IN THE INTERSECTION . OPER OF MV#2 STATED THAT HE WAS UNSURE HOW THE ACCIDENT HAD OCCURRED .

MV#1 SUSTAINED MODERATE DRIVER SIDE DOOR DAMAGE .

MV#2 SUSTAINED HEAVY FRONT DAMAGE W/AIRBAG DEPLOYMENT (TOWED) .

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
ANONYMOUS , ,	,	----	Y

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

RICHARD F BENES NEWTON POLICE DEPARTM 09/03/2020

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

CDP1 11 -24:00