

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/21/2020	Time of Crash 09:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:					
LEWIS TERR										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ • _____ or _____							
WASHINGTON ST			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Route# Intersecting Roadway/Street		
Also at Intersection with			Feet N S E W of _____							
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 2000000541			
License # --- St MA DOB/Age ---			Reg # 3279DC		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2005		Veh Make SUBARU		Veh Config. 2 20			
Operator DAKOV DRAGOMAR			Owner DAKOVA MARIELA							
Address 75 BENNINGTON STREET			Address 75 BENNINGTON STREET							
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02458							
Insurance Company GOVERNMENT INSURANCE CO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8		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 See Above			1 4 99 0 0 10 1							
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 # 8ZF792		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019		Veh Make JEEP		Veh Config. 2 20			
Operator MCDERMOTT STEPHEN			Owner (Same as operator)							
Address 34 MERRILL RD			Address _____							
City WATERTOWN State MA Zip 02472			City _____ State _____ Zip _____							
Insurance Company GOVERNMENT INSURANCE CO			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 1 22 22 22 22		2		10 Undercarriage			
Citation # (If Issued) T2080369			Most Harmful Event 1 23		1		5 11 Totaled			
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch 89/4A Sec _____			Driver Contributing Code 3 24 8 24		8		6			
Violation 3: Ch 90/16 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							

→ 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:

Operator of MV1 (ma reg 3279DC) stated he was traveling NB from Lewis Terr through the intersection of Washington Street when his vehicle was struck on the rear passenger side. Operator of MV1 stated he had a green light and was traveling NB onto Adams street when MV2 hit his vehicle in the middle of the intersection.

Operator of MV2 (ma reg 8ZF792) was traveling WB on Washington street and ended up on the EB lane approaching the intersection. Operator of MV2 failed to stop at the red light and was also going the wrong direction. Operator of MV2 hit MV1 in the middle of the intersection causing damage to the front bumper.

A pedestrian waiting at the intersection witnessed the accident. MV1 sustained heavy damage and required a tow. MV2 had some minor damage to front end. Both parties stated they were fine and refused any medical

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
JANIGA, RYAN,	778 MCCOY RD FRANKLIN LAKES, NJ 07417	-----	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

MARK D HAGOPIAN

NEWTON POLICE DEPART

09/21/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

treatment at the scene.

Based on my observations of the accident scene, the witness statement and where the vehicles final resting spot I cited the operator of MV2. Operator of MV2 was cited (T2080369) for 89/9 Fail to stop at red light, 89/4a Marked Lanes and 90/16 Wrong Way.

Tody's arrived on scene and towed MV1. MV2 was able to drive away from the scene safely. I handed the operator of MV2 the citation.

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

MARK D HAGOPIAN

NEWTON POLICE DEPART

09/21/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date