

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/14/2020	Time of Crash 09:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			NORTH 277 ELLIOT ST					2 9		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number					2 10		
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of Intersecting Roadway/Street Landmark					2 11		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000596			
License # --- St MA DOB/Age ---			Reg # 7NJG40		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2020		Veh Make LEXUS		Veh Config. 2 20			
Operator VAYNERMAN YANINA			Owner TOYOTA FINANCIAL				1 12			
Address 15 PENNSYLVANIA AVE			Address BOX 105386							
City NEWTON State MA Zip 02464			City ATLANTA		State GA Zip 30348					
Insurance Company GOVT EMPLOYEE INS			Vehicle Action Prior to Crash 2 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 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved							13 1			
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			-----		99 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 # S10966		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018		Veh Make CHEVY		Veh Config. 2 20			
Operator AURICHI JORGE			Owner LEVEL FIVE PAINTIN							
Address 4 VINALD RD			Address 950 WATERTOWN STREET							
City MEDFIELD State MA Zip 02052			City NEWTON		State MA Zip 02465					
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 2 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 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved							13 1			
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			-----		99 1 99 0 0 10 1					

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

*NOT TO SCALE*

IMPACT AREA

V2

V1

WITNESS

LEFT TURNING VEHICLE

277 ELLIOT ST

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 Wednesday October 14, 2020 at approx. 0901 hours I responded to the area of 277 Elliot Street for a report of a two motor vehicle crash unknown injuries.

Upon arrival on scene, Newton Fire personnel and medics were on scene for an evaluation. Both parties refused / advised treatment and signed patient refusals.

I spoke with the oper of v1, she stated a vehicle in front of her stopped abruptly and she slammed on her brakes and was stopped when she felt impact from vehicle 2.

Oper v2 stated that vehicle 1 stopped abruptly, he slammed on his brakes and due to the roadway being wet his

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
SMOLLER, WILLIAM, H	55 LEE RD NEEDHAM, MA 02494	-----	N

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

ROCCO D MARINI      13963      NEWTON POLICE DEPT      10/14/2020

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:

vehicle slid into v1. He stated he had some irritation from the front air bag deploying.

Witness stated a vehicle in front of him stopped abruptly to turn left, which caused him to stop abruptly, which caused chain reaction.

---

---

---

---

---

---

---

---

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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

10/14/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date