

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/03/2020	Time of Crash 13:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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:					
<div><div>NORTH</div><div>LANGLEY RD</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>UNION ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000635			
License # --- St MA DOB/Age ---			Reg # 7HP137		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016		Veh Make VOLKSWAGON		Veh Config. 2 20			
Operator VAYNTRAUB VICTOR D			Owner (Same as operator)							
Address 280 BOYLSTON STREET (apt. 813)			Address							
City NEWTON State MA Zip 02467			City		State		Zip			
Insurance Company COMMERCE			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		3 4			
Citation # (If Issued) N/A			Most Harmful Event 1 23		1		10 Undercarriage			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8		5 11 Totaled			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		6					
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		N/A	
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	
License # --- St MA DOB/Age ---			Reg # 274XPY		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2016		Veh Make FORD		Veh Config. 2 20			
Operator SCRIBNER JEAN T			Owner (Same as operator)							
Address 50 GRASVENOR RD			Address							
City NEEDHAM State MA Zip 02492			City		State		Zip			
Insurance Company METRO PROPERTY AND CASUALTY INSURANCE			Vehicle Action Prior to Crash 1 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		2		3 4			
Citation # (If Issued) T1442404			Most Harmful Event 1 23		1		10 Undercarriage			
Violation 1: Ch 89/8 Sec Violation 2: Ch Sec			Driver Contributing Code 4 24 24		8		5 11 Totaled			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		6					
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		N/A	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Langley Road

Union Street

Unit 2

Unit 1

Unit 2 Final Rest

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 Tuesday, November 3, 2020, while assigned to Traffic unit 525, I responded to the intersection of Langley Road and Union Street, Newton for a report of a motor vehicle crash with injury. The weather at the time of the crash was clear and sunny. The road surface was dry. Langley Road and Union Street are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, Victor Vayntraub (S86665758). Vayntraub stated they were operating their Volkswagen Touareg (MA: 7HP137) North on Langley Road towards Beacon Street. Vayntraub stated as he passed through the Union Street intersection of Langley Road, MV2 exited Union Street traveling East across the intersection and he was unable to avoid the collision. MV1's front end crashed into the passenger side of MV2. I observed significant damage to the front end of MV1. Tody's towing responded and removed MV1

(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 AVENUE NEWTON, MASSACHUSETTS 0	617-796-1000	3	LANGLEY AND UNION STREET SIGN

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

MICHAEL R GAUDET NEWTON POLICE DEPARTMENT 11/04/2020

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

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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:

from the roadway. The operator of MV1 was evaluated by Newton Medics on scene and signed a patient refusal. I spoke with the operator of MV2, Jean Scribner (S17093056). Scribner stated she as operating her 2016 Ford Explorer (MA: 274XPY) East on Union Street. Scribner stated she came to a stop at the stop sign on Union Street at Langley Road. Scribner stated she looked to her left and right, saw no vehicles, and proceeded to enter the intersection to cross over Langley road and continue straight. Scribner stated once in the intersection a white vehicle came out of nowhere and crashed into the passenger side of her vehicle. I observed significant damage to the passenger side of MV2. Today's towing responded and removed MV2 from the roadway. The operator of MV2 was evaluated by Newton Medics on scene and signed a patient refusal. After speaking with both operators, the operator of MV2 (Scribner) failed to yield to MV1's right of

(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

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

11/04/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

