

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/22/2020	Time of Crash 18:06 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			SOUTH 30 TOWER RD Route# Direction Address # Name of Roadway/Street Feet N S E W of 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 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000767	
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 9LFJ90 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20							
Operator Last First Middle Address			Owner SHVETS TETTIANA Address 13 CONCORD							
City State Zip Insurance Company GOVERNMENT EMPLOYEE INSURANCE			City CONCORD State MA Zip 01742							
Vehicle Travel Direction: N S E W Responding to Emergency? N			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Citation # (If Issued)			Event Sequence 1 22 22 22 22 2 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			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility							
Operator See Above			1 13							
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 Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Reg # 2EM588 Reg Type PAN Reg State MA Veh Year 2015 Veh Make SUBARU Veh Config. 1 20							
Operator REGELMAN LYUBA Address 79 WHEELER RD			Owner (Same as operator) Address							
City NEWTON State MA Zip 02459			City State Zip							
Insurance Company GEICO INSURANCE			Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 99 22 22 22 22 2 Most Harmful Event 99 23							
Citation # (If Issued)			Driver Contributing Code 99 24 24							
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed N							
Violation 3: Ch Sec Violation 4: Ch Sec										
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility							
Operator/Non-Motorist See Above			1 4 4 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

30 Tower Rd

Unit 1

Unit 2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On Tuesday 12/22/2020, at approximately 1730 hours, I, Ofc Donald Murphy, met a party at the front desk in regards to a hit and run incident. I spoke with Andrew Shvetts, who stated his wife Tetianna Shvets's vehicle was struck today in the parking lot of Baza grocery market from 10 am-11 am. The owner of MV 1, Tetianna Shvets was shopping at Baza grocery market while her vehicle, MV 1, was parked in the parking lot. When Tetianna returned to her vehicle there was a note on her windshield stating MV 2 struck her vehicle "possibly" on the right rear side and left the scene. The plate of the vehicle was left on the note as well. There was no contact information of the witness left on the note or any manner of collision. There was minimal damage (a few scratches) on MV 1. Andrew provided photos of the damage to the vehicle and the note left on the windshield. The photos of the damage and note are attached to this report. The plate came

(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

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

