

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 01/26/2021	Time of Crash 17:30 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 60 WEBSTER ST Route# Direction Address # Name of Roadway/Street Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ Feet [N S E W] of _____ Route# Intersecting Roadway/Street _____ Feet [N S E W] of _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000070	
License # --- St MA DOB/Age ---			Reg # 1WFF79 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make CHEVY Veh Config. 1 20							
Operator GULIYEV VUGAR Last First Middle			Owner (Same as operator) Last First Middle							
Address 108 INDEPENDENCE DR			Address _____							
City BROOKLINE State MA Zip 02467			City _____ State _____ Zip _____							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N S E W] Responding to Emergency? N			Event Sequence 30 22 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 30 23			5 11 Totaled				
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										
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 4 0 0 10 1			NONE	
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14 97			Action 15 97 Location 16 5 Condition 17 1			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____							
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20							
Operator FARLEY NICHOLAS R Last First Middle			Owner _____ Last First Middle							
Address 66 WEBSTER			Address _____							
City NEWTON State MA Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence 22 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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			-----			10 1			NONE	

Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian
 ie: 1 2 Pedestrian

Crash Diagram:

NOT TO SCALE

Webster 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 January 26, 2021 at approximately 1730 hours the weather condition at the time was snowy and the road conditions were slippery. Reporting party is the resident of 66 Webster St, and the property between 56 to 66 Webster St is maintained by the condo association.

MV1 was operating on Webster St (a public way). MV1 struck two fences in front of 60 Webster St, causing an unknown amount of damage. The reporting party stated MV1 operator exited the vehicle and exchanged information. The reporting party wanted to notify Newton Police for insurance reasons.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
FARLEY, NICHOLAS,	66 WEBSTER ST NEWTON, MASSACHUSETTS	2317692004	97	CONDO FENCE

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 HATFIELD
 Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

01/30/2021

CDP1 11 -24:00