

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/08/2021		Time of Crash 18:07 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 1011 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				75FT Feet [N][X][E][W] of _____ ALDEN ST Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												2	
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000094						3	
License # --- St MA DOB/Age ---				Reg # 2NLX14 Reg Type PAN Reg State MA								12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____				Veh Year 2020 Veh Make BMW Veh Config. 1 20								1	
Operator PROKHOROV ALEXANDER A Last First Middle				Owner (Same as operator) Last First Middle								1	
Address 381 DUDLEY RD				Address _____									
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____									
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [N][X][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				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												13	
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 9 1			
LEVITAN, ETAN				1061 CONVERSE ST NEWTON, MA		-----		M 4 1 4 99 0 0 10 1					
POLKANIKOV, DANIQUE				338 WINCHESTER ST NEWTON, MA		-----		F 6 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												1	
License # --- St MA DOB/Age ---				Reg # 2TRD89 Reg Type PAN Reg State MA								13	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____				Veh Year 2016 Veh Make LEXS Veh Config. 1 20								1	
Operator LEANDRA MARIE Last First Middle				Owner (Same as operator) Last First Middle									
Address 5 SEYMOUR ST (apt. 1)				Address _____									
City ROSLINDALE State MA Zip 02131				City _____ State _____ Zip _____									
Insurance Company GEICO INS				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [N][X][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				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13	
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 4 99 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1011 CENTRE ST

Unit 1
Unit 2

Centre St

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 Monday 2/8/2021 at approx 1807hrs, while assigned to N494, I responded to the area of 1011 Centre St in Newton for a 2 vehicle MVA.

Operator 1 stated that there was traffic ahead of him and his car was moving slowly when MV2 struck the rear of his car.

Operator of MV2 stated that it appeared that MV1 was about to make a turn but did not. She was unable to stop in time before crashing into MV1.

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

KEVIN DURICKAS

NEWTON POLICE DEPART

02/08/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date