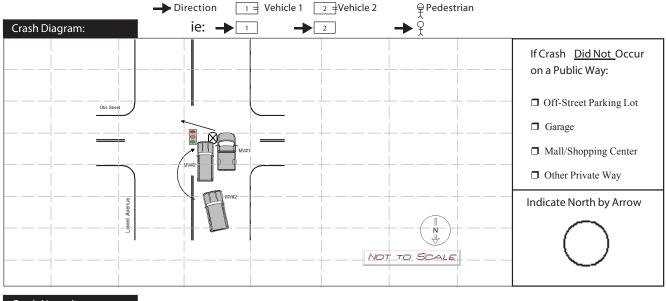
	Poli	ce Use Only		Commonwea	alth o	of Massa	achu	setts			RMV	V Docur	ment Number	
	Date of Crash 02/23/2021	Time of Crash 19:01	NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Injure	d Lati	ed Limi		State Police Local Police MBTA Police	N N
		24HR	SECTION:		LOCA'	Report	>	2	0 NO		gitude_		Other:	
		ATINIEN	SECTION.		LOCA	HON			NO	IAI	11/11	LINSL	ciion.	2
1	Route# Direct			Doodyyay/Ctanat		Route# Direction		1 #		N.	a C T		/C++	
4	Route# Direct	tion		Roadway/Street At								Roadway	Street	2 ¹
	EAST					Feet [N S E	W of	Mile	• Marker	· —	or	Exit Number	-
	Route# Direc	tion N	Also at Intersection	<u> </u>	[Feet [N S E	W of						
² 3						Feet 1	N S E	W of	Route	#	Intersec	ting Roa	dway/Street	4
3	Route# Direct	tion	Name of Intersec	eting Roadway/Street		_					Laı	ndmark		
3	XVehicle1	#Occupants	Hit/Run	☐ Moped Case	Number		21	00000149						\Box
			St MA							CO	NT.		~ MA	_
	License #	18 1	8	19		S35928 ear 2016							State MA	-
4	Sex_M Lic. 0		Lic. Restriction DAVID	S B CDL Endorsment								_ Veh Co	onfig. 2	
⁴ 3	Operator STR Address 44 OT	Last	First	Middle		(Same as open						Middle		- 1
	City NEWTO		Cr	ate MA Zip 02460	Address								-	
		pany ARBELLA		Zip_ <u></u>	D 14 C 1 (C 1 H 4 Tl)									
5		Direction: N		onding to Emergency? N	Vehicle Action Prior to Crash Event Sequence 1 22 22 22 22 22 2 2									
1		ssued)		onding to Emergency:		Harmful Event	1 23				M	A	10 Undercari	riage
	`	· · · · · · · · · · · · · · · · · · ·		2: ChSec		Contributing Co		24	24	+	9		5 11 Totaled	
⁶ 2				4: Ch Sec		ride/Override	25	Towe	8		7		6	
			ator and all occu		Onder	Trade o verrier	S	26 27 eat Safety	28 Airbag Air	29 30 Dag Ejec) 31 t Trap	32 Injury Tra	33 ansp.	1
	Name (Last Fire	st Middle)		Address See Above		Age/DOB	Sex P	99	Status Swi	tch Code	Code	status Co	ode Medical Facil	ity 1
	1								1),			10 1		
7														
2	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	Action 1	Loca	tion	Cone	dition	17	□ні	t/Run Mop	oed
	License#		St M		Reg # 5HRC70 Reg Type PAN Reg State M						State MA	_]		
	Sex_M_ Lic. 0	Class D 18 1	Lic. Restriction		Veh Year 2019 Veh Make NISS Veh Config. 2							onfig. 20		
8 1	Operator YUDZINSKY YURY Last First Middle					Owner (Same as operator) Last First Middle								_
_	Address 744 W	VATERTOWN S	ST		Addre	SS								_
	City NEWTO	CityStateZip								_				
	Insurance Com	pany_GEICO			Vehicl	e Action Prior to	Crash	9		U	_	`	Circle Up to Thr	ree)
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	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex I	26 27 eat Safety Pos. Syster	28 Z Airbag Air Status Sw	pag Ejec ritch Coo) 31 t Trap de Code		33 ansp. Code Medical Faci	ility
	Operator/	Non-Motorist		See Above			-	99	4 99	0	0	10 1		
										+				



Crash Narrative:

On 2/23/21 at 1900 hrs, Newton Police were dispatched to the intersection of; Lowell Ave. at Otis St. for a motor vehicle collision involving two vehicles. The operator of MV#1 stated they were attempting to turn eastbound onto Otis St. from Lowell Ave. when MV#2 began to pass MV#1 on the left. As MV#2 was passing MV#1, MV#2's passenger side collided with MV#1's front snow plow. Extensive damage was observed to MV#2's passenger side rear and front door, while also puncturing MV#2's passenger side rear tire. No damage was observed to MV#1.

The operator of MV#2 stated he attempted to pass MV#1 on the left, as he believed MV#1 was going to turn right onto Otis St.

No injuries were reported and MV#2 was towed from the scene by Tody's Towing Service, while MV#1 was driven

(Continued on next page)

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	otion of Damag	jed Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				
Carrier Name			`	,		Carrier Issui	ing Authority Co	de 35
Address			City			St	Zip	
								36
US DOT #:			Issuing State	ICC #:_			_ Interstate	
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len	igth 39		
Hazmat Information:								
Placard 40 Material 1 digit #	# 41 Material Nat	me		Material 4	digit#_		Release code	42
DANIEL COUN				L BOLLOT DEB			02/22/	2021

DANIEL SOHN		:	NEWTON POLICE DEPARTM	02/23/2021	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1 dehicle 1	1 2 #Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1 -	2	→ ĝ		
				If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot
		- $+$ $ +$			
Crash Narrative:					
from the scene.					
Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:	•				
Owner (Last, First, Middle)	Address	Phone #	34-Type Descript	ion of Damaged Property	
Truck and Bus Information:	Registration #	(Eram	Vehicle Section)		
Carrier Name		(110111	venicle section)	Carrier Issuing Authority Code	35
				-	
Address		City		St Zip	26
US DOT #:		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 G	Gross Vehicle Weight 38				
	Reg Type Reg Sta	ate Dag Vo	r Troiler Land	39	
Hazmat Information:	reg rype reg sta	ate Reg 1 ea	ii Hanei Leng	ui	
40	41				42
Placard Material 1 dig	it # Material Name		Material 4 digit #	Release code	
DANIEL SOHN		1	NEWTON POLICE DEPARTM	02/23/20)21
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks Date	

CDP1 11 ·24·00