

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/25/2021	Time of Crash 16:09 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
PROSPECT ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of _____ • _____ or _____								
WASHINGTON ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Mile Marker Exit Number				
Also at Intersection with			Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000207		
License # --- St MA DOB/Age ---			Reg # 4VG519 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20								
Operator SUPOVITZ LILY			Owner SUPOVITZ ELISE								
Address 44 THE VALLEY RD			Address 44 THE VALLEY RD								
City CONCORD State MA Zip 01742			City CONCORD State MA Zip 01742								
Insurance Company THE COMMERCE INSURANCE COMPANY			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			Event Sequence 1 22 22 22 22					
Citation # (If Issued) _____			Most Harmful Event 1 23			Most Harmful Event 1 23					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Driver Contributing Code 1 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y					
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			99 3 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					
License # --- St MA DOB/Age ---			Reg # 8MR811 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20								
Operator PINKHASOV ROBERT P			Owner (Same as operator)								
Address 16 PROSPECT ST			Address _____								
City NEWTON State MA Zip 02465			City _____ State _____ Zip _____								
Insurance Company GEICO INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22					
Citation # (If Issued) _____			Most Harmful Event 1 23			Most Harmful Event 1 23					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 3 24 24			Driver Contributing Code 3 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y					
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			99 2 99 0 0 99 2								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St.

Prospect St.

MV#1

MV#2

MV#1

MV#2

→ N →

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:

Newton Police were advised by a local towing service of a motor vehicle collision at the intersection of Washington St. and Prospect St. Upon arrival, Officers observed MV#1 to have heavy front end damage with air bag deployment while MV#2 had heavy driver side front and rear door damage, also with air bag deployment. The operator of MV#1 stated she was traveling northbound on Washington St. through the intersection of Prospect St. with a green light, when MV#2 traveled westbound on Prospect St. through the intersection. MV#1 collided into the driver side of MV#2.

MV#2 stated the traffic light was green he was traveling westbound on Prospect St. through the intersection of Washington St. when he was struck by MV#1.

A witness informed police, he was behind MV #1 (northbound) on Washington St. and observed the traffic

(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

DANIEL SOHN NEWTON POLICE DEPTA 03/25/2021

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:

light to be green. (see witness statement).

The operator of MV#1 refused medical attention, while the operator of MV#2 was transported to the hospital.

Both vehicle were towed away from the scene.

A witness, whom requested to remain anonymous, stated they were traveling behind north bound behind MV#1 and observed MV#1 and several other vehicles traveling northbound through the intersection. The witness stated that vehicles were traveling southbound through the intersection as well, leading officers to believe MV#1 was traveling lawfully through a green light when the collision occurred with MV#2.

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

DANIEL SOHN

NEWTON POLICE DEPT

03/25/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date