

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 04/25/2021	Time of Crash 09:59 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25 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:							
SOUTH FRANKLIN ST Route# Direction Name of Roadway/Street At EAST WAVERLEY AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# 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 2100000283					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____ Operator TORO FRANCESA BELLA Address 162 WARREN ST City NEWTON State MA Zip 02459 Insurance Company TRUMBULL INSURANCE COMPANY			Reg # 881TJ5 Reg Type PAN Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 2 20 Owner DARIENZO GEORGIANA M Address 160 WARREN ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 3 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility									
Operator			See Above		Age/DOB ---		Sex ---		99 4 3 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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BORUKHOV EDUARD Address 40 RAYMOND ST City FRAMINGHAM State MA Zip 01702 Insurance Company PILGRIM INSURANCE COMPANY			Reg # LV87504 Reg Type LVN Reg State MA Veh Year 2019 Veh Make FORD Veh Config. 1 20 Owner DUDZIN ULADZIMIR A Address 25 FLANNERY LANE City WRENTHAM State MA Zip 02093 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility									
Operator/Non-Motorist			See Above		Age/DOB ---		Sex ---		99 1 3 0 0 8 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Franklin Street

Waverley Ave

Unit 1

Unit 2

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:

Oper of Veh # 1 stated she didn't see the stop sign while traveling EB on Franklin Street entering Waverley Ave.

Oper of Veh # 2 stated he was traveling SB on Waverley Ave when a car just drove in to his passenger side while he crossing Franklin Street.

Both vehicles where towed by Tody's.

operator # 2 was transported to NWH by medics.

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

MICHAEL D BOUDREAU NEWTON POLICE DEPART 04/25/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00