

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/16/2021		Time of Crash 12:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		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:							
<div><div>EAST</div><div>BOYLSTON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>SOUTH</div><div>PARKER ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000516							
License # --- St MA DOB/Age ---				Reg # 2RKY41 Reg Type PAS Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2019 Veh Make JEEP Veh Config. 2 20											
Operator OGANESOV RUBEN				Owner (Same as operator)											
Address 16 BEECHER TER				Address											
City NEWTON State MA Zip 02459				City State Zip											
Insurance Company NGM INS. CO				Vehicle Action Prior to Crash 4 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 2 3 4											
Citation # (If Issued) T2080857				Most Harmful Event 1 23											
Violation 1: Ch 19/75Sec Violation 2: Ch Sec				Driver Contributing Code 19 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 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 # ABISTO Reg Type PAR Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2012 Veh Make FORD Veh Config. 1 20											
Operator MAHONEY CORA LANEY				Owner MAHONEY TERENCE											
Address 40 HOWITT RD				Address 40 HOWITT RD											
City BOSTON State MA Zip 02132				City BOSTON State MA Zip 02132											
Insurance Company AMICA MUTUAL INS.				Vehicle Action Prior to Crash 2 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											
Citation # (If Issued)				Most Harmful Event 1 23											
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 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				1 4 99 0 0 10 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

PARKER ST

RT 9 EAST ON RAMP

RT 9 EAST OFF RAMP

Unit 1

Unit 2

PARKER 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:

The operator of veh #1 stated he was driving east off Rt 9. when he was attempting to take a left onto Parker St. due North. He first stated veh #2 was stopped at the light and he didn't have enough room to get by and struck the vehicle as he turned. He later stated that veh #2 was moving forward very slowly and that is why he struck the car.

The operator of veh #2 stated she was heading due South and stopped on Parker St. at Rt 9 ramp for her red light .Operator stated veh #1 struck her in the front bumper as he attempted to take a left. Veh #2 was towed by Tody's Towing (David) . Moderate to heavy damage to veh #2. The operator of veh#1 was handed Mass. citation #T2080857 for N.C.O. 19/75 -Failure to use care in turning.

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

ZACHARY S RAYMOND

NEWTON POLICE DEPART

07/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date