

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number																															
Date of Crash 07/20/2021	Time of Crash 17:09 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:																															
Route# Direction Name of Roadway/Street At			NORTH 330 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____																																			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with																																						
Route# Direction Name of Intersecting Roadway/Street																																						
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000535																													
License # --- St MA DOB/Age ---			Reg # 8ZV832 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 19 Veh Make HONDA Veh Config. 1 20																													
Operator MARGOLIN YELENA			Owner (Same as operator)			Address _____			Address _____																													
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)																													
Insurance Company GOVERNMENT EMPLOYEES			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 1 24 1 24																													
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled																													
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____																																						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																																						
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			N/A					
KLENOW, NINA						-----			F			11			1			4			99			0			0			10			1			N/A		
STELIN, ALEX						-----			M						4			99			0			0			10			1			N/A					
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 # 4046NL Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2012 Veh Make AUDI Veh Config. 1 20																													
Operator RUTTENBERG ADAM			Owner (Same as operator)			Address _____			Address _____																													
City NEWTON State MA Zip 02465			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)																													
Insurance Company THE COMMERCE			Event Sequence 2 22 22 22 22			Most Harmful Event 11 23			Driver Contributing Code 19 24 99 24																													
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled																													
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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			N/A					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Walnut St

MV1

MV2

P.O.

330 Walnut 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 07/20/2021 while assigned to marked cruiser #493 at 17:09, responded to intersection of Walnut St and Highland Ave for MVA with parked vehicle.

Upon arrival we met with MV1 driver Ms. Yelena Margolin, who stated that she was traveling northbound on Walnut St. when she felt a thud against her car on the right/passenger side. Ms. Margolin stated that she then realized that her car crashed into open door of MV2 which was parked on Walnut St. Ms. Margolin stated that she did not see MV2 to open the door before the collision because she was focused on driving and oncoming traffic. MV1 had minor damage to right front corner, right side mirror, and moderate damage to right rear door.

Then we spoke to MV2 operator Mr. Adam Ruttenberg. Mr. Ruttenberg stated that he parked on Walnut St. and sat

(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

ANDREI VAZHENIN    NEWTON POLICE DEPT.    07/20/2021

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:

in his car for a minute before he decided to open the door to get out. Mr. Ruttenberg could not recall whether or not he checked his mirrors before opening the door. Mr. Ruttenberg stated that as soon as he opened his door, MV1 crashed into his door. Due to the damage caused by collision, Mr. Ruttenberg was not able to close his door and he requested a tow through AAA.

All parties involved denied any medical complaints or need for EMS.

#### 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

ANDREI VAZHENIN

NEWTON POLICE DEPART

07/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date