

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number		
Date of Crash 08/12/2021	Time of Crash 09:03 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
EAST WASHINGTON ST Route# Direction Name of Roadway/Street _____ At _____ NORTH 128 N OFF RAMP 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ _____ Mile Marker Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ _____ Route# Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ _____ Landmark

<input checked="" type="checkbox"/> Vehicle 1 <u>3</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 210000601
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License # --- St MA DOB/Age --- Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator LEVIN ITAMAR Address 42 MORSE ST City NATICK State MA Zip 01760 Insurance Company SAFETY Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Reg # 2PSJ14 Reg Type PAN Reg State MA Veh Year 2020 Veh Make HONDA Veh Config. <u>2</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>
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Please fill out for operator and all occupants involved		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	2	4	0	0	10	1	
LEVIN, ASHER	42 MORSE RD NATICK, MA 01760	-----	M	6	4	2	4	0	0	10	1	
LEVIN, ZEV	42 MORSE RD NATICK, MA 01760	-----	M	4	4	2	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>14</u>	Action <u>15</u>	Location <u>16</u>	Condition <u>17</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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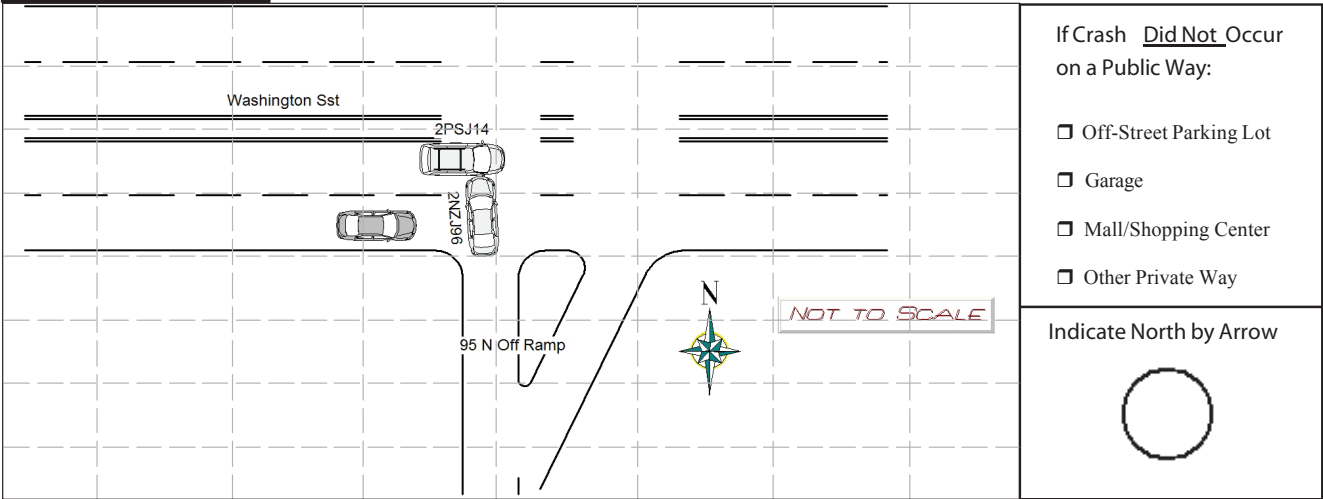
License # --- St MA DOB/Age --- Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator LANGSTON MILLI Address 23 HILLSIDE ST (apt. 2) City BOSTON State MA Zip 02120 Insurance Company PROGRESSIVE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Reg # 2NZJ96 Reg Type PAN Reg State MA Veh Year 2019 Veh Make MAZD Veh Config. <u>1</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>4</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>
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Operator/Non-Motorist	See Above	-----	---	---	1	4	4	0	0	10	1	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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 8/12/2021 at approx 0903 hrs while assigned to 497 I responded to the area of Washington St and Belmore Pk for a report of a two car crash with airbag deployment. Upon arrival i observed ma reg 2PSJ14 a white Honda Odyssey and Ma Reg 2NZS96 a white Mazda CX3 in the median of Washington St with both operators out of their cars. I spoke with the operator of the Mazda, Milli Langston who stated she was attempting to take a left onto Washington St from the 95NB Off ramp, traffic in the southern eastbound lane of Washington St stopped for her, when attempting to cross she was struck by Istamar Levin who was travelling in the northern eastbound lane of Washington St with his two sons Asher and Zev Levin . All parties signed patient refusals ad were able to drive away.

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

JO A GOURDEAU

NEWTON POLICE DEPARTM

08/12/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date