

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/20/2021	Time of Crash 17:27 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
SOUTH ALBEMARLE RD Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
EAST CRAFTS ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street Landmark								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000619		
License # --- St MA DOB/Age ---			Reg # 8156MV Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2015 Veh Make NISSAN Veh Config. 2 20								
Operator KOLACZYK SARA MABEL Last First Middle			Owner DUPUIS JOSEE Last First Middle								
Address 111 FAIRWAY DR			Address 111 FAIRWAY DR								
City W NEWTON State MA Zip 02465			City W NEWTON State MA Zip 02465								
Insurance Company COMMERCE			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 3 22 22 22 22			10 Undercarriage					
Citation # (If Issued) T2016945			Most Harmful Event 3 23			5 11 Totaled					
Violation 1: Ch 89/11 Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 18 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 type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14			Action 1 15 Location 1 16 Condition 1 17		
License # --- St DOB/Age ---			Reg # Reg Type Reg State								
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20								
Operator PISHTIKOVA MARIANA Last First Middle			Owner Last First Middle								
Address 50 WALKER ST (apt. 1)			Address								
City NEWTON State MA Zip 02420			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed								
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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			-----			9 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

ALBEMARLE RD

CRAFTS ST

Unit 1

ALBEMARLE RD

CRAFTS ST

Indicate North by Arrow

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**NOT TO SCALE**

**Crash Narrative:**

Operator of vehicle one Sara Kolaczyk stated that while turning right from Albemarle Rd onto Crafts St her vehicle's front drive's side quarter panel struck pedestrian Mariana Pishtikova in the marked crosswalk. Kolaczyk stated that she was looking to her left at on coming traffic on Crafts St and had began to turn right when crash occurred. Kolaczyk stated that she did not see Pishtikova before the crash. Pishitkova stated that she entered the marked crosswalk at Crafts St and Albemarle Rd after she saw that Kolaczyk vehicle had stopped. Pishtikova stated that she walked around the front of Kolaczyk's vehicle and it then turned into her at a very low speed. Pishtikova stated that the front drivers side quarter panel of Kolaczyk's vehicle struck her right side. Pishtikova stated that her right ankle was sore but refused medical treatment. Pishtikova signed a patient refusal form provided to her by Newton Medic Unit Three. I

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**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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

took photos of Kolaczyk's vehicle and the disk was downloaded by the NPD's IT bureau. Kolaczyk's vehicle had no damage and did not require a tow. Kolaczyk stated that she was not injured in the crash. I issued Kolaczyk MA Uniform Citation T2016945 and cited her for a violation of MGL 89/11 , failure to yield to a pedestrian in a crosswalk. Crafts St and Albemarle Rd are public ways in the City of Newton.

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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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

08/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date