

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/25/2021	Time of Crash 11:51 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				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: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
EAST CHASE ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
NORTH RIPLEY ST										
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ or _____				Mile Marker Exit Number			
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# Intersecting Roadway/Street			
							Landmark			
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000758	
License # --- St MA DOB/Age ---			Reg # 3LVF94 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2021 Veh Make HONDA Veh Config. 2 20							
Operator LVOV ANATOLI			Owner (Same as operator)							
Address 14 QUINLAN DR			Address _____							
City FRAMINGHAM State MA Zip 01701			City _____ State _____ Zip _____							
Insurance Company STANDARD FIRE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4				
Citation # (If Issued) T2080655			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch 90/144 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 6 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6				
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			---			---				
LVOV, EVGENIA 14 QUINLAN DR FRAMINGHAM, MA 01701			---			F 3 99 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 MD DOB/Age ---			Reg # 73F320 Reg Type PAN Reg State MA							
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2012 Veh Make NISSAN Veh Config. 1 20							
Operator MOREIRA WELLINGTON			Owner (Same as operator)							
Address 28 VERNON ST. (apt. 3)			Address _____							
City WALTHAM State MA Zip 02453			City _____ State _____ Zip _____							
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			6				
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			---			---				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Chase St

Ripley 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:

Mv#1 operator stated he was travelling on Chase St E/B and then turned right onto Ripley St making a U-turn reversing his direction intending to turn left back onto Ripley St W/B. As #1 was making the U-turn, #1 struck the passenger side rear end side of Mv#2.

Mv#2 operator stated he was travelling on Chase St E/B behind #1. #2 stated #1 suddenly turned right onto Ripley St making a U-turn, then struck #2 passenger rear end side as #2 was passing by. The impact pushed #2 sideways and #2 crashed over the sidewalk into a city tree and stone wall at 40 Chase St.

Both operators were uninjured. Both Mvs sustained significant damage; #1 was able to be driven away with driver's side front end damage; #2 was inoperable and towed by Tody's. Photos of city tree knocked over and stone wall were submitted to the I.T. bureau. City forestry notified.

(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
SLOTNICK (PROPERTY OWNER), MA	405E DEDHAM ST NEWTON, MASSACHUSETTS 0	617-290-6001	97	STONE WALL

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	09/25/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	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:

Based on the following observations and statements, #1 was issued citation #T2080655 for Ch90/Sec14 Improper Turn; #1 was making a simultaneous turn and U-turn prior to colliding with #2 on its rear end side indicating #2 had already passed through most of that intersection; most of crash debris was found in proper travel lane of #2 indicating #2 was suddenly struck by #1 not allowing enough reaction time for #2 to avoid being struck.

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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

09/25/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date