

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/06/2021		Time of Crash 15:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:					
1 EAST WASHINGTON ST Route# Direction Name of Roadway/Street At						2 Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
2 SOUTH ADAMS ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						10 Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark							
3 WEST LEWIS TER Route# Direction Name of Intersecting Roadway/Street						11 3							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000788							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator DRECTOR MARCIA RUTH Last First Middle Address 5 LAKE SHORE TER (apt. 4) City BRIGHTON State MA Zip 02135 Insurance Company AMICA MUTUAL						Reg # 598LG8 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 8 7 6							
Please fill out for operator and all occupants involved						13 1							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator See Above													
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 CT DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ACHILLE STEPHEN Last First Middle Address 90 SUNRISE DR City GLASTONBURY State CT Zip 06033 Insurance Company UNKNOWN						Reg # AL74628 Reg Type PAN Reg State CT Veh Year 2018 Veh Make SUBARU Veh Config. 1 20 Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 8 7 6							
Please fill out for operator and all occupants involved						13 1							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator/Non-Motorist See Above													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Adams Street

Unit 4

Unit 2

Unit 1

Unit 3

P.O.I.

Lewis Terrace

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 10/06/2021 while assigned to marked cruiser N491 at approximately 15:26 hours I responded to 527 Washington Street for a report of 2 car MVA. Newton FD requested EMS for evaluation of Driver 1 because she was "feeling dizzy and shaky" after the accident. Medic 1 cleared with a patient refusal.

Upon arrival on scene, I spoke to Ms. Marcia Ruth Director (Driver 1 of MV1), who stated that she was at intersection of Washington Street and Adams St waiting for green traffic light to continue driving straight forward / eastbound on Washington Street. She said that when the traffic light turned green she started going forward, when all of a sudden a light blue sedan (MV3) cut her way driving southbound from Adams St to Lewis Ter. Ms. Director stated that she had to slam on the brakes to avoid collision with MV3, which was traveling at high rate of speed and drove just a few inches away from the front of her car after she

(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 10/06/2021

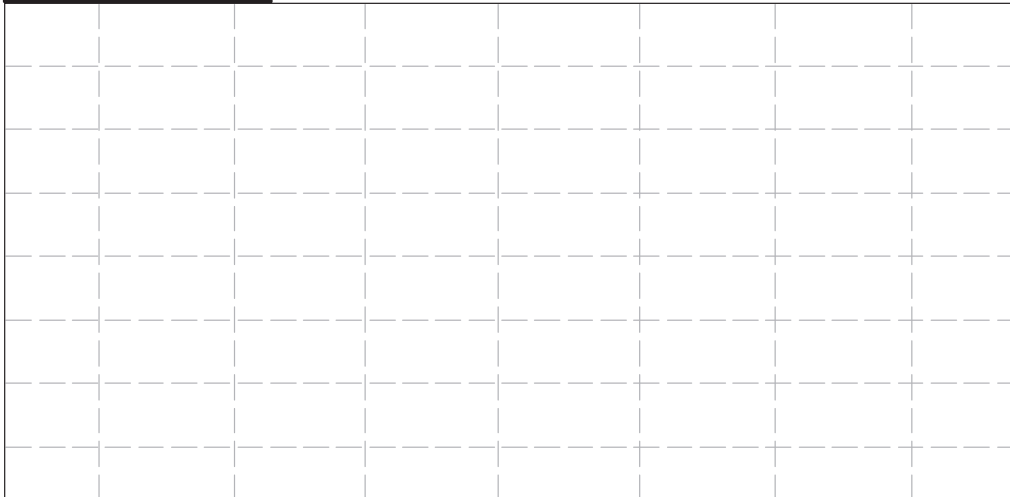
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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:

stopped. At the same moment, another car (MV2), which was behind her car (MV1), crashed into the rear end of her car (MV1).

Ms. Director could not recall any specific details about MV3 or its driver/occupants, other than it was a light blue sedan.

I then spoke to Mr. Stephen Achille (Driver 2 of MV2), who stated that he was facing eastbound in the left lane on Washington Street. Mr. Achille said that he started changing lanes because a car (MV4) in front of him was waiting for a left turn to Adams St. He stated that when he was getting into the right lane, MV1 suddenly stopped in front of him and he crashed into it.

I advised all parties that there will be an accident report on file for insurance purposes.

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 DEPT

10/06/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date