

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/06/2021	Time of Crash 16:22 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:				
PARKER ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At											
THEODORE RD											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ • _____ or _____				Mile Marker Exit Number				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				
							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000789		
License # SA7050833 St MA			DOB/Age 08/26/2005			Reg # V49228			Reg Type PAN Reg State MA		
Sex F Lic. Class D 18 18			Lic. Restrictions 1 19			Veh Year 2021			Veh Make TOYOTA Veh Config. 1 20		
Operator MATOV ALICE			Endorsment			Owner TVERSKOY VITALY					
Address 282 KENRICK ST						Address 37 SCHOFIELD DR					
City NEWTON State MA Zip 02458						City NEWTON State MA Zip 02460					
Insurance Company PHILADELPHIA INDEMNITY INSURANCE CO.						Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E 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 1 24 24			11 Totaled		
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		
Operator			See Above			-----			---		
TVERSKOY, VITALY			37 SCHOFIELD DR NEWTON, MA 02460			02/01/1964			M 3 1 4 4		
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 checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped								
License # 111111111 St CT			DOB/Age 11/11/111			Reg # _____			Reg Type PAN Reg State MA		
Sex M Lic. Class 99 18 18			Lic. Restrictions 9 19			Veh Year _____			Veh Make HONDA Veh Config. 2 20		
Operator UNKNOWN UNKNOWN			Endorsment			Owner (Same as operator)					
Address 1						Address _____					
City _____ State _____ Zip _____						City _____ State _____ Zip _____					
Insurance Company UNKNOWN						Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E W			Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4		
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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		
Operator/Non-Motorist			See Above			-----			---		

→ 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:

reporting party stated "no."

Driver and passenger of MV1 stated they were okay and did not sustain any injuries and declining medical attention. MV1 had minimal damage to the rear bumper consisting of scratches.

A description of MV2 was given as a gray Honda Civic with a Connecticut license plate.

Upon clearing the scene, I canvassed the area yielding negative results. State Police was also notified, due to the accidents close proximity to Route 9.

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

JEREMY FAY

NEWTON POLICE DEPART

10/06/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date