

## Commonwealth of Massachusetts

| Police Use Only  |                                |                     | Commonwealth of Massachusetts  |                    |                                |                        | RMV Document Number  |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--------------------------------|---------------------|--|--------------------|--------------------------------|------------------------|--|--|---------------------|------------------------|---|------------------|--------------------------|---------|---------|-----|--------------------|------------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|-----------------------|-----------|-------|-----|-----|---|---|----|---|---|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of Crash<br>10/14/2021  | Time of Crash<br>18:34<br>24HR | City/Town<br>NEWTON | <b>Motor Vehicle Crash<br/>Police Report</b>   |                    | Number Vehicles<br>2           | Number Injured<br>0    | Speed Limit <u>25</u><br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>AT INTERSECTION:</b>  |                                |                     | < <b>LOCATION</b> >  |                    | <b>NOT AT INTERSECTION:</b>    |                        |  |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>WEST</b><br>Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____<br><b>SOUTH</b><br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  |                                |                     | <b>9</b><br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br><b>10</b><br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____<br><b>11</b><br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Route# _____ Intersecting Roadway/Street _____<br><b>3</b><br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Landmark _____   |                    |                                |                        |  |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants  |                                |                     | <input type="checkbox"/> Hit/Run   |                    | <input type="checkbox"/> Moped |                        | Case Number 2100000828                                     |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| License # _____ St <u>MA</u> DOB/Age _____<br>Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____<br>Operator <u>POPE</u> <u>JENNIFER</u> <u>ANN</u><br>Address <u>1 PINES ROAD</u><br>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821</u><br>Insurance Company <u>PROGRESSIVE DIRECT</u><br>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u><br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                                |                     | Reg # <u>1PDF12</u> Reg Type <u>PAN</u> Reg State <u>MA</u><br>Veh Year <u>2018</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u><br>Owner <u>(Same as operator)</u><br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)<br>Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u><br>Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled<br>Driver Contributing Code <u>18</u> <u>24</u> <u>24</u><br>Underride/Override <u>25</u> Towed <u>N</u>   |                    |                                |                        |  |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please fill out for operator and all occupants involved  |                                |                     | <b>13</b><br><table border="1"><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26<br/>Seat<br/>Pos.</th><th>27<br/>Safety<br/>System</th><th>28<br/>Airbag<br/>Status</th><th>29<br/>Airbag<br/>Switch</th><th>30<br/>Eject<br/>Code</th><th>31<br/>Trap<br/>Code</th><th>32<br/>Injury<br/>Status</th><th>33<br/>Transp.<br/>Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>              |                    |                                |                        |  |  |                     |                        |   |                  | Name (Last First Middle) | Address | Age/DOB | Sex | 26<br>Seat<br>Pos. | 27<br>Safety<br>System | 28<br>Airbag<br>Status | 29<br>Airbag<br>Switch | 30<br>Eject<br>Code | 31<br>Trap<br>Code | 32<br>Injury<br>Status | 33<br>Transp.<br>Code | Medical Facility | Operator              | See Above | ----- | --- | --- | 1 | 4 | 99 | 0 | 0 | 10 | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Operator   | See Above                      | -----               | ---  | ---                | 1                              | 4                      | 99   | 0  | 0                   | 10                     | 1   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |                     |  |                    |                                |                        |  |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |                     |  |                    |                                |                        |  |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |                     |  |                    |                                |                        |  |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7</b><br>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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| Operator/Non-Motorist  | See Above                      | -----               | ---  | ---                | 1                              | 4                      | 99   | 0  | 0                   | 10                     | 1   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |                     |  |                    |                                |                        |  |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                |                     |  |                    |                                |                        |  |  |                     |                        |   |                  |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**NOT TO SCALE**

**Legend:**

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 10/14/2021 while assigned to marked cruiser N493 at approximately 18:34 hours I, Officer Vazhenin, responded to 307 Auburn Street for a report of 2 car MVA.

Upon arrival I spoke to Ms. Jennifer Ann Pope (Driver 1 of MV 1), who stated that when she was taking a left turn to Auburn Street, she followed a car (MV 3) in front of her, because she believed that MV 2 saw her and was letting her to take a left turn. Ms. Pope (Driver 1) said that when she was making that turn, MV 2 started making a turn in the same direction. She stated that she stopped, but MV2 kept driving and crashed into the right front corner of her car (MV1).

I then spoke to Ms. Katherine Mary Iodice (Driver 2 of MV2), who stated that she yielded the right of way to MV3 and then started making a turn right after that car. Ms. Iodice stated that she did not see MV1,

(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.**      **10/14/2021**

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

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

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:

which was following closely to MV3, and while she was making a turn, she observed MV1, but it was too late to stop and her car (MV2) crashed into MV1.

Driver 1 of MV1 was at fault because she failed to yield the right of way to Driver 2 of MV2, which had an obstructed vision and did not see MV1.

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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

ANDREI VAZHENIN

NEWTON POLICE DEPT.

10/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date