

# Commonwealth of Massachusetts

Police Use Only		RMV Document Number						
Date of Crash 10/22/2021	Time of Crash 15:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At				WEST 234 LANGLEY RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark				
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000856		
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator GORELIK NEYLA Address 53 NAHANT AVE (apt. 7) City REVERE State MA Zip 02151 Insurance Company LM GENERAL INSURANCE Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch 89/4A Sec Violation 2: Ch 90/24E Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 2ZS412 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled				
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. Pos. System Status Switch Code Code Status Code Medical Facility				
Operator See Above				BETH ISRAEL BROOKLIN				
PODOLSKIY, LEV 53 NAHANT AVE (apt 7) REVERE, MA 02151				BEHT ISRAEL BROOKLIN				
Please Select One of the Following:				<input checked="" type="checkbox"/> Vehicle 2 0 #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 # --- St DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Address City State Zip Insurance Company GOVERNMENT EMPLOYEES INSURANCE Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 7HK793 Reg Type PAN Reg State MA Veh Year 2014 Veh Make JEEP Veh Config. 1 20 Owner RODRIGUES CLAUDIA Address 7 (apt. 2) APLETON ST City EVERETT State MA Zip 02149 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 97 22 22 22 22 2 Most Harmful Event 97 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled				
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. Pos. System Status Switch Code Code Status Code Medical Facility				
Operator/Non-Motorist See Above								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

234 Langley St.

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Diagram showing a crash scene on a grid. A north arrow points up. A street labeled '234 Langley St.' runs horizontally. Vehicle MV2 is parked on the street. Vehicle MV1 is flipped over on its roof to the left of MV2. A pedestrian (P.O.I.) is standing near MV2. A dashed line indicates the path of MV1 before the crash.

**Crash Narrative:**

I responded to 234 Langley Road for a two car M/V crash with entrapment. Upon arrival with other officers, Fire, and medics I saw the following. MV1 was flipped over on the road way and the operator was still in the vehicle, but the passenger was outside the vehicle.

MV1 Hit a parked MV2 unoccupied. MV1 was traveling north on Langley Rd when MV1 swerved to its right and made contact with the left rear bumper of the MV 2. The impact of the two MV's caused MV1 to flip over and land on its roof.

Based on my observation the scene indicated : day light, clear and there were no road defects. I took numerous pictures which were submitted to IT bureau so they can be attached to this report. Both MV1 driver and passenger were taken to Beth Israel Hospital in Boston. Tody's arrived on scene and took possession of

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**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
SHOWDHARY, VISH,	235 LANGLEY RD NEWTON, MA 02459	-----	N

**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

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:

both MV's.

A canvas of the area resulted with one neighbor at 255 Langley who witnessed the accident. Mr. Vish Showdhary stated that he saw MV1 driving on Langley Rd when MV1 crashed into the parked MV. He stated that there were no other vehicles on the road and that MV1 drove right into the parked vehicle.

The scene was cleaned and I went to Beth Israel Hospital to speak with the operator and passengers of MV1.

The operator of MV1 stated that they have no recollection of what happened. She stated that she does not know how she hit the parked MV and that the last thing she remembers is being pulled out of the rolled over MV by the Fire Department.

The passenger in MV1 stated that he does not remember how the crash occurred. He stated that he was unsure

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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

ELMER ACUNA

NEWTON POLICE DEPT.

10/22/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

how MV1 crashed into MV2. He stated thathe was able to get out of the MV without a problem.

After a review of the crash I am citing MV1 with the following.

M.G.L 89/4A Marked lanes and M.G.L 90/24E Negligent Operation. (Citation # 1445881)

Furthermore a request for immediate threat license revocation was filled and submitted to the RMV.

The MV Citation was delivered to the operator of MV1 in hand at the Beth Israel Hospital.

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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

ELMER ACUNA

NEWTON POLICE DEPARTM

10/22/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date