

Police Use Only			Commonwealth of Massachusetts				RMV Document Number											
Date of Crash 11/08/2021		Time of Crash 14:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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:						9						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 667 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11						
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000917			2					
1				License # --- St MA DOB/Age ---		Reg # 2CWA44		Reg Type PAN		Reg State MA		12						
1				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____		Veh Year 2018		Veh Make HONDA		Veh Config. 1 20		1						
1				Operator KUZNETSOVA MARIA D Last First Middle		Owner (Same as operator)		Last First Middle		Address _____		1						
1				Address 147 KING STREET (apt. 201)		Address _____		City _____ State MA Zip 01460		City _____ State _____ Zip _____		1						
5				Insurance Company REVOKED/FORMELY GEICO		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2 3 4		13						
2				Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N		Most Harmful Event 1 23		Driver Contributing Code 18 24 24		Underride/Override 25 Towed Y		1						
6				Citation # (If Issued) 185998AB		Violation 1: Ch 90/104 Sec Violation 2: Ch 90/9B Sec		Violation 3: Ch 90/341 Sec Violation 4: Ch _____ Sec		10 Undercarriage 5 11 Totalled		1						
Please fill out for operator and all occupants involved												13						
Operator				Address				Age/DOB				Sex						
Operator				See Above				-----				---						
7												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												1						
License # --- St MA DOB/Age ---												Reg # 2HJV37	Reg Type PAN		Reg State MA		13	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____												Veh Year 2019		Veh Make FORD		Veh Config. 2 20		1
Operator BIANCHI MARIA F Last First Middle												Owner (Same as operator)		Last First Middle		Address _____		1
Address 151 WALTHAM ST												Address _____		City _____ State MA Zip 02472		City _____ State _____ Zip _____		1
Insurance Company GEICO												Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2 3 4		13
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N												Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		1
Citation # (If Issued) _____												Violation 1: Ch _____ Sec Violation 2: Ch _____ Sec		Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec		10 Undercarriage 5 11 Totalled		1
Please fill out for operator and all occupants involved												13						
Operator/Non-Motorist				Address				Age/DOB				Sex						
Operator/Non-Motorist				See Above				-----				---						

JEREMY L WILSON	25227	NEWTON POLICE DEPTA	11/08/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
CDP1 11:24:00			Date

→ 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:

She stated that she was traveling westbound on Commonwealth Avenue in her Ford EcoSport (MA # 2HJV37) but was stopped at the time waiting for a vehicle in front of her to make a left turn on to Grafton Street. She was then struck in her rear end by Vehicle # 1.

After, I spoke to the operator of Vehicle # 1 (Maria Kuznetsova MA D/L # S48191231) and asked her what occurred. She stated that she was traveling westbound on Commonwealth Avenue in her Honda Civic (MA # 2CWA44) and did not see Vehicle # 2 stopped in traffic due to the sun. She then struck Vehicle # 2 in the rear end. At that time, there was noticeable solar glare in that area of Commonwealth Avenue. This part of Commonwealth Avenue also has a slight curve that you come around and ends at the point where the crash occurred.

(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 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 L WILSON

25227

NEWTON POLICE DEPART

11/08/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

After, I went back to my cruiser and checked the status of the vehicles and operators through the RMV on my laptop. It showed that Maria Kuznetsova had a expired non renewable driver's license which expired on 07/15/21. Kuznetsova's Honda Civic came back with a status of being unregistered due to revoked insurance. It was revoked on 08/29/21 through the MA RMV. I issued MA Uniform Citation # 185998AB in hand to her for Ch. 90/10/A Unlicensed Operation of a Motor Vehicle, Ch. 90/9/B Unregistered Motor Vehicle, and Ch. 90/34J Uninsured Motor Vehicle and explained the process to her.

Motor Vehicle Inventory Tow Form submitted.

#### 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 L WILSON

25227

NEWTON POLICE DEPART

11/08/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date