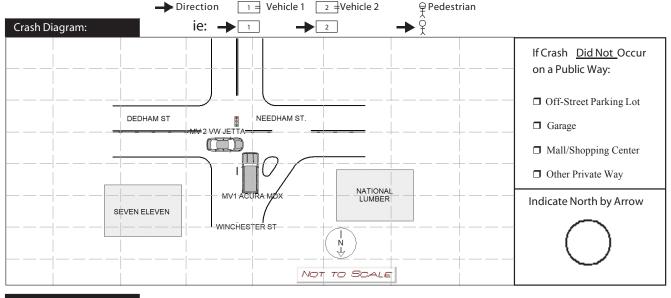
	Poli	ice Use Only		Commonw	ealth	of Mass	achu	setts	\$		RM	V Docur	ment Number	
	Date of Crash 11/18/2021	Time of Crash 08:34	City/T NEWTON	Mot	or Vel	hicle Cra	ısh [Number Vehicles			ed Limi		State Police Local Police MBTA Police	N N
	11/10/2021	24HR				Report		2	0	1	ngitude_		Other:	e 🔟
		AT INTER	RSECTION:	<	LOCA	ATION	>		NC	T AT	INT	ERSE	CTION:	
	WES	T NEEDH	IAM ST											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street							/Street	1
	SOUTH WINCHESTER ST					Feet NSEW of or								_
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Mile Marker Exit Number Feet N S E W of								
			Also at Inte	rsection with		Route# Intersecting Roadway/Street								
1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3	[V]	1 #0		Dward							La	numark		
	Vehicle1	1_#Occupants			Case Numbe	r	21	00000950)					_
	License#	18 1	St N	DOB/Age									State MA	_
	Sex_M_ Lic.	Class D	Lic. Restriction		Veh	Year 2010	Veh	Make_A	CURA			Veh Co	onfig. 2	
⁴ 3	Operator ST		ROOSVELT	Middle	Own	er (Same as ope	erator)		First			Middle	e	- 1
		JNNYSIDE ST (a				ress								_
	City HYDE PA			tate MA Zip 02136	City									
[Insurance Com	pany PROGRES	SIVE DIRECT		Vehi	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
5 1	Vehicle Travel	Direction: N	X E W Res	ponding to Emergency?	N Even	t Sequence 1	22 22		22		3		4	
	`	ssued)				Harmful Event	1 23		24	—	9		10 Undercar 5 11 Totaled	mage
6]			n 2: ChSec		er Contributing C	ode 1			3	<u> </u>		6	
⁶ 1		Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N							
	Name (Last Fir		ator and all occ	apants involved Address		Age/DOB Sex Sex System Status Switch Code Code Status Code Medical Facility							ility 1	
	Operator			See Above				1	4 4	0	0	10 1	L	
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupan	nts Non-Motorist A	Туре	14 Action	15 Loca	tion	16 Con	ndition	17	Пні	it/Run Mo	ped
	License#St MA DOB/Age				Reg	Reg # 8HC571 Reg Type PAN					Reg State MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 1 CDL				Veh	Veh Year 2019 Veh Make VOLKSWAGON Veh Config. 1								
8 1	Endowment				Own	Owner VW CREDIT LEASING LTD Last First Middle								_
1	Address Last First Middle 1218 VFW PARKWAY (apt. 60)					Address 1401 FRANKLIN BLVD								_
	City WROXBURY State MA Zip 02132				City	City LIBERTYVILLE State IL Zip 60048							_	
	Insurance Company LIBERTY MUTUAL					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)							nree)	
	Vehicle Travel Direction: NSEN Responding to Emergency? N					Event Sequence 1 22 22 22 23 Q 3 4								
	Citation # (If I	Most	Most Harmful Event 1 23 Driver Contributing Code 3 24 24 Driver Contributing Code 3 24 24								rriage			
	Violatio	_ Drive												
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N 8 7 6								
	Pl Name (Last Fi		operator and a	l occupants involved Address		Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 Airbag A m Status S	29 Ejec witch Co) 31 Trap de Code		33 ansp. Code Medical Fac	cility
		Non-Motorist		See Above			[1		0	0	10 1		



Crash Narrative:

On Thursday 11/18/21 at approximately 834 hours while assigned to marked unit n498 I was dispatched to the intersection of Needham Street and Winchester Street for a report of a minor motor vehicle crash with no injuries.

Upon arrival I spoke with detail Officer Colella who states to me he was approached by several motorists stating the operator of the Volkswagon Jetta had raced through the intersection going straight and in doing so went through the red light causing the crash.

After speaking with Ofc. Colella I spoke with the operator of the Volkswagon Jetta, PETINOW Vladimir, who states to me he was travelling Westbound on Dedham Street approaching the intersection that was backed up with traffic due to the ongoing construction on Needham Street and Winchester Street. PETINOW states when

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address				Phone #				
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description o	of Damaged Property	y		
Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Carrier Issuing Authority Code									
Address		City		St	tZip				
			Issuing State ICC #: Interstate 36						
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:					_				
Placard 40 Material 1 digit #	me		Material 4	digit #	Release co	de 42			

→ Direction	1 = Vehicle	e 1 2 =Vehicle 2	₽ Pedestrian		
Crash Diagram: ie: -	1	2	→ ĝ		
				If Crash <u>Did</u> — on a Public W	
				☐ Off-Street I	Parking Lot
				☐ Mall/Shopp	oing Center
				☐ Other Priva	te Way
				Indicate Nortl	h by Arrow
Crash Narrative:					
he was in the intersection the light	t was green a	and when it turne	ed red he was s	tuck in the middle	and forced
to go through the red light striking	g Motor Vehic	cle #1 (Acura MD)	(). PETINOW sta	ated to me he knew	the
crash was his fault but didn't know	what else to	o do when he was	in the middle	of the intersection	1.
After speaking with PETINOW I spoke	with the ope	erator of the Act	ıra MDX, ST. VI	CTOR Roosvelt, who	states he
was travelling southbound on Winche	ster Street 1	proceeding through	gh the green li	ght at the intersec	tion when he
was struck by the Volkswagon Jetta	coming from 1	Dedham Street.			
After speaking with all parties invo	olved and the	e statements give	en to me by Off:	icer Colella and ta	king into
account the manner of the collision	which indica	ated to me the Vo	olkswagon Jetta	was not yet in the	1
intersection when the light turned	red and he p	roceeded into the	e path of the A	CURA Mdx who had th	e green
(Continued on next page	ge)				
Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:					
Owner (Last, First, Middle) Address		Phone #	34-Type Des	cription of Damaged Proper	tv
			71	- para	•
Truck and Bus Information: Registrati	on #	(From	Vehicle Section)		35
Carrier Name				Carrier Issuing Author	
Address		City		St Zi	p
US DOT #: State Number		Issuing State	ICC #:	Intersta	te 36
Cargo Body Type Code Gross Vehicle Weight	ght 38				
Trailer Reg #: Reg Type	Reg S	State Reg Ye	ar Trailer l	Length 39	
Hazmat Information:					
Placard 40 Material 1 digit # 41 Ma	aterial Name		Material 4 digit	# Release c	ode 42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

11/18/2021

Date

Precinct/Barracks

ALAN JR RICHARD SOLOMAN.

Police Officer Name (Please Print)

-	Direction	1 = Vehicle	2	∄Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: →□	1	2		→ ♀ ·			
Crash Diagram: Crash Narrative: light, hence, the right o	ie: →				→ Ŷ		If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Coo Other Private Way Indicate North by A	g Lot enter / rrow
to Vladimir Petinow for v								
- Viadimii Petinow ioi V			ture ic	scop at i	ea Light.			
1445								
W itnesses: Name (Last, First, Middle)		Address				Ph	one #	Statement
Name (Last, First, Middle)		Address				FIR	JIE#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of D	amaged Property	
Truck and Bus Information:	Registration # _			(From	Vehicle Section)			
Carrier Name							r Issuing Authority Cod	e 35
Address			,	7:4.		C+	7in	
Address								36
US DOT#:	_ State Number			_ Issuing State	ICC #:_		Interstate	
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38					_	
Trailer Reg #:	Reg Type	Dog 9	State	Dag Va	ъr Т.,	ailer I ength	39	
	Keg Type	кед 8	nate	кед те	aı 1r	anei Lengin		
Hazmat Information:	A1							42
Placard 40 Material 1 digit	# Material	Name			Material 4	digit #	Release code	42
ALAN JR RICHARD SOLOMAN.						•	<u> </u>	<u> </u>

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)