

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/13/2022		Time of Crash 17:44 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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				1 WEST 325 BEACON ST		Route# Direction Address # Name of Roadway/Street						2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000148							
License # --- St MA DOB/Age ---				Reg # R98027 Reg Type CON Reg State MA		Veh Year 2015 Veh Make FORD Veh Config. 2 20						12	
Sex M Lic. Class B 18 18 Lic. Restrictions B 19 CDL _____ Endorsment				Owner ELEMENT FLEET MA		Address 940 RIDGEBROOK RD						1	
Operator GOODE STEVEN Last First Middle				City SPARKS State MD Zip 21152		Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N						10 Undercarriage 5 11 Totaled	
Address 710 EAST ST (apt. J)				City N WALPOLE State MA Zip 02081		Insurance Company THE TRAVELERS INDEMNITY							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility		Operator See Above ----- --- 1 4 99 0 0 10 1						13	
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				License # --- St DOB/Age ---		Reg # 1DAB25 Reg Type PAN Reg State MA						2	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment				Veh Year 1999 Veh Make VOLK Veh Config. 1 20		Owner POLENOV LILYA Last First Middle							
Operator _____ Last First Middle				Address 36 LORRAINE ST		City ROSLINDALE State MA Zip 02131							
Insurance Company LM GENERAL INSURANCE				Vehicle Action Prior to Crash 1 21 Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N		Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility		Operator/Non-Motorist See Above ----- ---							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

325 Beacon St.

P.O.I.

MV1

MV2

Beacon St.

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

Crash Narrative:

Operator of MV1 was parked out front of 325 Beacon St. when they believe MV2 hit the left rear end of their vehicle. There was no visible damage to the vehicle, no injuries, and no witnesses. MV2 took off from the scene.

I attempted to get in contact with MV2 yielding negative results. To be further investigated.

Traffic Bureau update (Officer Gaudet): I attempted to make contact with the registered owner of MV2, Ms. Lilya Polenov (S41505700), with a negative result. A "Hit and Run" inquiry was mailed to Ms. Polenov.

Ms. Polenov contacted me on Friday, February 18, 2022, regarding this crash. Ms. Polenov stated that

(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

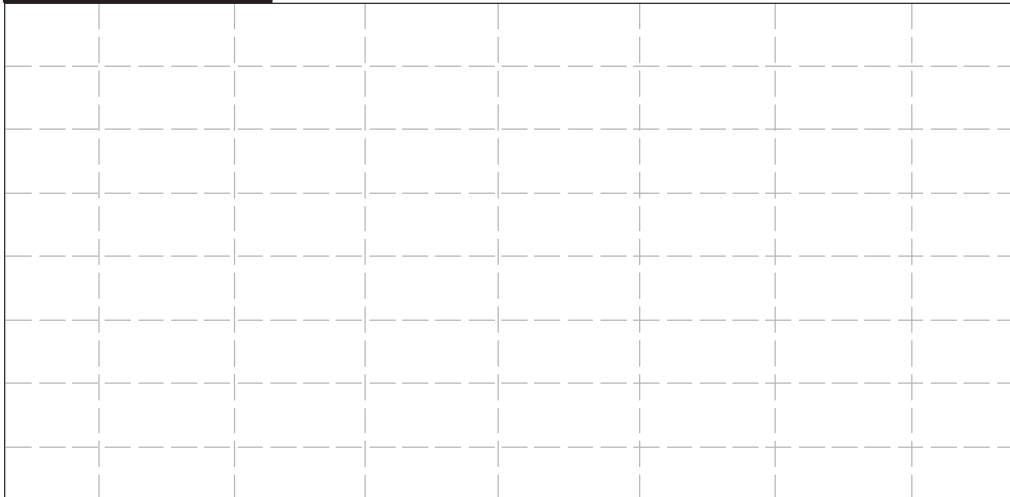
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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 was not operating her vehicle at the time fo the crash. Ms. Polenov stated she beleives her elderly father in law was operating the vehicle. Ms. Polenov stated she will speak with him and contact me with more information.

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

JOHN MILDNER

NEWTON POLICE DEPARTM

02/13/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date