

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/01/2022	Time of Crash 21:26 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>NORTH</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<b>2</b> <sup>9</sup>							
<b>EAST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			<b>10</b>							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			<b>11</b>							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants _____			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number <u>22000196</u>			
License # _____ St _____ DOB/Age <u>18</u> <u>18</u>			Reg # _____ Reg Type <u>PAN</u> Reg State _____		Sex _____ Lic. Class <u>99</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____					
Operator <u>UNKNOWN</u> <u>UNKNOWN</u>			Veh Year _____ Veh Make <u>UNKNOWN</u> Veh Config. <u>1</u> <u>20</u>		Owner <u>(Same as operator)</u>					
Address <u>1</u>			Address _____		City _____ State _____ Zip _____					
Insurance Company <u>UNKNOWN</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>20</u> <u>22</u> <u>23</u> <u>22</u> <u>35</u> <u>22</u> <u>22</u>		<b>13</b> <sup>20</sup>					
Citation # (If Issued) _____			Most Harmful Event <u>35</u> <u>23</u>		10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		5 11 Totalled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		6					
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		-----		-----			
<b>3</b>			Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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					
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____		Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____					
Operator _____			Veh Year _____ Veh Make _____ Veh Config. <u>20</u>		Owner _____					
Address _____			Address _____		City _____ State _____ Zip _____					
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <u>23</u>		5 11 Totalled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>		6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____							
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    →

Crash Diagram:

NOT TO SCALE

Larchmont Ave.

Chestnut St.

MV1

750 Chestnut St.

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 Tuesday, March 02, 2022 at approximately 2126hrs, I, Officer Fay responded to the intersection of Chestnut St. and Larchmont Ave. for a report of a vehicle that had struck a sign. Prior to my arrival dispatch informed me that the vehicle that had struck the sign was a blue hatchback, but the reporting party was unable to see a license plate.

Upon arrival, I noticed tire tracks of a vehicle that had hopped the curb and sidewalk that was travelling Northbound and a yellow pedestrian sign that had been struck. Upon closer inspection of the area I noticed a fire hydrant had been struck as well. The fire hydrant was broken off when hit by the vehicle and had broke through fence of the house at 750 Chestnut St.

Pictures of the scene and the damaged property were taken and sent to the IT Bureau to be attached to this

(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
VALTCHINOV, VLADIMIR,	750 CHESTNUT ST. NEWTON, MASSACHUSETTS 0	6176308949	97	FENCE
CITY OF NEWTON, ,	1000 COMMONWEALTH AVE. NEWTON, MASSACHUSETTS 0		3	FIRE HYDRANT

### 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

JEREMY FAY

NEWTON POLICE DEPART

03/01/2022

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 →



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:

report.

I spoke to the resident of 750 Chestnut St., Vladimir Valtchinov, in regards to his damaged fence. I also asked Valtchinov if he had heard or seen anything in regards to the incident. Valtchinov stated that he did not see anything, but did hear a loud bang outside his house. I informed Valtchinov that a report would be generated in regards to this incident.

Upon canvassing the area in search of the vehicle. I was unable to locate the vehicle. I also spoke to the resident of 757 Chestnut St. who had cameras facing the street, which they stated the cameras did not capture the incident, but are only able to see a live feed.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON,,	1000 COMMONWEALTH AVE. NEWTON, MASSACHUSETTS 02		3	PEDESTRIAN SIGN

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:

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JEREMY FAY

NEWTON POLICE DEPART

03/01/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date