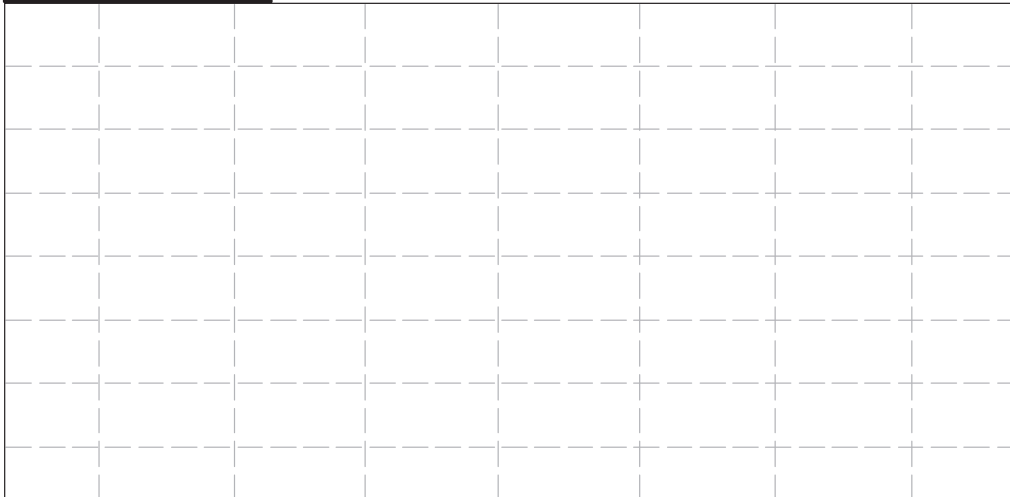


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/08/2022	Time of Crash 14:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29SOUTH 225 NEVADA ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000207			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator KULAKOVA OLGA Address 139 NORTH ST (apt. E) City NEWTON State MA Zip 02460 Insurance Company GEICO			Reg # 5TJ151 Reg Type PAN Reg State MA Veh Year 2015 Veh Make INFINITI Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 3 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N X 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			<div>12Damaged Area Code: (Circle Up to Three)</div> <div>Diagram of vehicle with damage at 9</div> <div>10 Undercarriage 5 11 Totaled</div>							
Please fill out for operator and all occupants involved			13							
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										
AVAKOVA, EMILY 139 NORTH ST (apt E) NEWTON, MA 02465										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator RICE JAMES Address 66 SHAWSHEEN RD City BILLERICA State MA Zip 01821 Insurance Company AMICA MUTUAL			Reg # 6725ZA Reg Type PAN Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 3 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N X 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			<div>12Damaged Area Code: (Circle Up to Three)</div> <div>Diagram of vehicle with damage at 9</div> <div>10 Undercarriage 5 11 Totaled</div>							
Please fill out for operator and all occupants involved			13							
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										
RICE, CHARGER 66 SHAWSHEEN RD BILLERICA, MA 01821										

→ 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:

the school. He further states that he looked and thought it was clear to open his door. He then opened his door and put his left foot and left arm out attempting to exit the vehicle when it was struck by M/V # 1. M/V # 1 struck the outer edge of the door and Mr. Rice's left elbow was also struck during the collision. Mr. Rice complained of left arm pain so Officer Boudreau had Fallon Ambulance respond to the scene. Rice then signed a patient refusal with them. Also inside the vehicle at the time of the crash was his son, Charger Rice. His son was seated and secured in a car seat in the second row of the driver's side of the Ford Escape. There was no injuries reported for him. I observed a crease to the outside edge of his driver's side door. Mr. Rice also stated to me that the crossing guard told him the other operator was speeding before the crash going approximately 25 miles per hour.

(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

03/08/2022

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:

Next, I spoke to the operator of M/V # 1 identified as Olga Kulakova (MA D/L# S63003743). She was operating a 2015 Infiniti QX60 color black bearing MA reg. # 5TJ151 at the time. Ms. Kulakova states that she was parked approximately twenty five feet back from the crash location also picking up her daughter from the school. After doing the pickup, she then proceeded out in to roadway going southbound on Nevada St. As she was approaching M/V # 2, she says the operator suddenly opened their door and she was not able to react in time striking his car door. She did not believe she ever struck the operator though. No injuries were reported. I observed white paint scrape marks to both her passenger side doors and the side view mirror was also damaged.

I then spoke to the crossing guard assigned to the intersection of Nevada St. and Linwood Ave. The guard

(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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

03/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

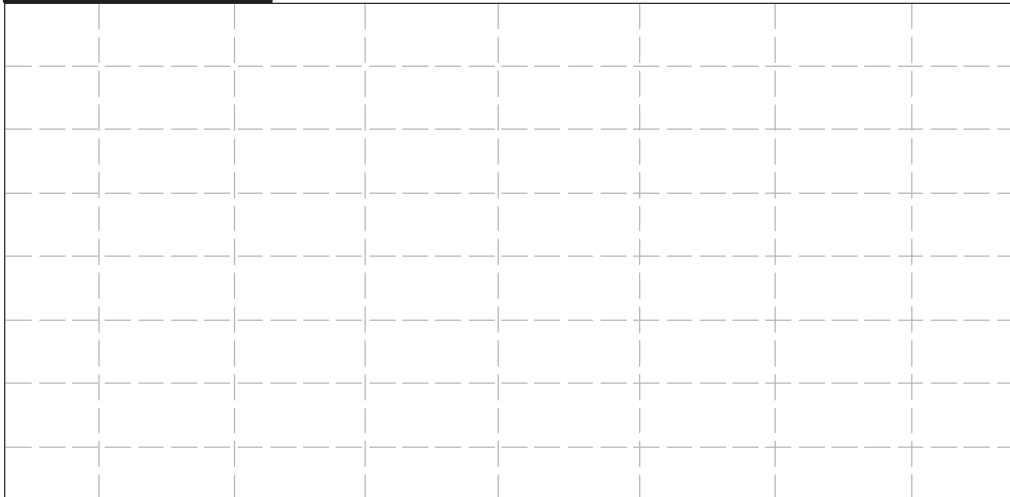
Precinct/Barracks

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:

Jack Boudreau is employed through the City of Newton. I asked him what had occurred with the crash. He stated that he had his back turned away from the crash location when it occurred. He heard the collision which made him turn around. He then motioned for the driver of the Infiniti to pull over and stop. I asked him if he ever saw the Infiniti driving prior to the crash and he stated that he did not. I then inquired about the supposed speeding comment that he made to Mr. Rice regarding the Infiniti. He stated that he never said that to him.

Digital photos were taken of the scene and submitted to the I.T. Bureau.

(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

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Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

JEREMY L WILSON

25227

NEWTON POLICE DEPART

03/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

