

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/15/2022	Time of Crash 08:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	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"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction Name of Roadway/Street At			2 NORTH 191 DEDHAM ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			10 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street _____ Landmark _____							
3 Route# Direction Name of Intersecting Roadway/Street			11 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000222			
License # --- St MA DOB/Age ---			Reg # 695DE1		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2015		Veh Make HONDA		Veh Config. <u>2</u> <u>20</u>			
4 Operator EBRIL-LEL MARGARITA			Owner LEL JULIAN		First Middle		12			
Address 77 SACO ST			Address 77 SACO ST		First Middle					
City NEWTON State MA Zip 02464			City NEWTON State MA Zip 02464		Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company ARBELLA INSURANCE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 8 9 11		11 Totaled			
Citation # (If Issued) _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed <u>Y</u>					
6 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 4 0 0 10 1					
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 MA DOB/Age ---			Reg # 5LA458		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2017		Veh Make ACURA		Veh Config. <u>1</u> <u>20</u>			
8 Operator KARTASHOVA NATALIA A			Owner KARTASHOV ANDREY N		First Middle					
Address 193 OAK ST (apt. 506)			Address 193 (apt. 506) OAK ST		First Middle					
City NEWTON State MA Zip 02464			City NEWTON State MA Zip 02464		Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company STATE FARM INSURANCE			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>2</u> <u>23</u>		1 2 3 4 5 6 8 9 11		11 Totaled			
Citation # (If Issued) _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed <u>Y</u>					
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			-----		1 4 4 0 0 10 1					

→ 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:

On Tuesday 3/15/22 at approximately 823 hours while assigned to marked unit n498 I was dispatched to the area of CountrySide School (191 Dedham Street) for a report of a minor motor vehicle crash.

Upon arrival I spoke with the operator, EBRIL-LEL Margarita, of motor vehicle #1, (695DE1). She states her vehicle was parked along the Northbound Side of Dedham Street diagonally across from CountrySide School. She was at the back of her drivers side with the rear door open. She states while leaning into the vehicle her door was struck causing damage to the drivers side of her vehicle and rear drivers side door.

After speaking with EBRIL-LEL I spoke with the operator, KARTASHOVA Natalia, of motor vehicle #2, (5LA458). She states she was trying to drive passed MV#1 that was parked on the side of the road and thought she had enough room between the oncoming traffic and the MV#1. She states EBRIL-LEL opened the door

(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

ALAN JR RICHARD SOLOMAN. NEWTON POLICE DEPTA 03/15/2022

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

