

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 03/18/2022	Time of Crash 16:21 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:							
WEST COMMONWEALTH AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____ NORTH OLD COLONY RD Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N S E W] of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000232					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator GUTTORMSEN HILDE KARI Address 495 BOYLSTON ST (apt. 3) City BROOKLINE State MA Zip 02445 Insurance Company PROGRESSIVE DIRECT INS Vehicle Travel Direction: [N S 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 _____			Reg # EVY213 Reg Type PAS Reg State MA Veh Year 2017 Veh Make BMW Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 8 7 6 9 10 Undercarriage 11 Totaled									
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility									
Operator			See Above		Age/DOB		Sex		1 4 4 0 0 10 1		Medical Facility	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #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 ZAKHARYANOV VITALY Address 60 E CENTRAL ST (apt. 207) City NATICK State MA Zip 01760 Insurance Company SAFETY INS Vehicle Travel Direction: [N S 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 _____			Reg # 1AB163 Reg Type PAN Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20 Owner KUDRYAVTSEVA YEVGENIYA Address 60 (apt. 207) E. CENTRAL ST City NATICK State MA Zip 01760 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed N 8 7 6 9 10 Undercarriage 11 Totaled									
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility									
Operator/Non-Motorist			See Above		Age/DOB		Sex		1 4 4 0 0 10 1		Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Old Colony Rd

College Rd

Commonwealth Ave

Carriage Lane

Mt Alvernia Rd

MV1

MV2

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On March 18, 2022 at approximately 16:21 hours I, Officer Guarino, responded to the area of Commonwealth ave for a two car motor vehicle crash.

Upon arrival, I observed both occupants out of their vehicles. MV2 had struck the rear of MV1 and were still together at the time of my arrival. The operator of MV1 had stopped for a pedestrian in the crosswalk and the operator of MV2 did not stop in time and crashed into the rear of MV1.

There were no reported injuries and both vehicles were able to be driven away. Both parties exchanged information and were informed that a police report would be on file.

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

CHARLES P GUARINO 38802 NEWTON POLICE DEPART 03/18/2022

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

CDP1 11 -24:00