

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/28/2022	Time of Crash 08:45 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:					
Route# Direction Name of Roadway/Street At			SOUTH 27 OAK ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000255	
License # --- St MA DOB/Age ---			Reg # 63SK40 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019 Veh Make BMW Veh Config. 2 20							
Operator LEVIN NINA			Owner (Same as operator)							
Address 27 OAK STREET			Address _____							
City NEWTON State MA Zip 02464			City _____ State _____ Zip _____							
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 4 24			11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 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			-----			1 4 4 0 0 10 1				
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 ---			Reg # 134PE8 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2014 Veh Make BUICK Veh Config. 1 20							
Operator DELORIE DIANE K			Owner (Same as operator)							
Address 23 OAK ST			Address _____							
City NEWTON State MA Zip 02464			City _____ State _____ Zip _____							
Insurance Company GEICO			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			3 4				
Citation # (If Issued) GEICO			Most Harmful Event 1 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 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/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 3/28/22 at approximately 0825 hours I was dispatched to 27 Oak Street for a report of a minor motor vehicle crash that just occurred. The original call for the incident was placed by the operator of motor vehicle #1, LEVIN Nina. LEVIN stated to Dispatcher Ciccone she was just involved in a minor crash with her neighbor at 23 Oak St. NEVIN stated she was leaving to pick up someone that needed a ride but would be right back. She further stated there is a long standing and ongoing neighbor problem with the person in the other vehicle and she did not want to speak with her without an Officer present.

Upon arrival at the address LEVIN was already back on scene and began telling me what had occurred when the operator of the other vehicle, DELORIE Diane, came down the driveway and became confrontational with LEVIN and myself. I Instructed her to go back to her vehicle and wait for me to come up to her. LEVIN continued to

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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

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:

tell me that she was backing down the driveway toward Oak St. and as she backed onto Oak St. she did not see the other vehicle and struck the front of DELORIE's vehicle with the rear of hers.

After speaking with LEVIN I went to speak with DELORIE and stated there was no need to be confrontational as there was no intent and this was simply an accident. I asked DELORIE what happened and she stated she was travelling Southbound on Oak Street and slowed to a stop to take a right into her driveway at 23 Oak Street.

DELORIE stated LEVIN was backing down the driveway at a high rate of speed and backed out of the driveway striking the front of her vehicle.

Both LEVIN and DELORIE have a shared driveway and DELORIE needed to wait for LEVIN to exit before she could proceed into her driveway. DELORIE stated to me she felt it was done on purpose and wanted LEVIN cited and

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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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPT.

03/28/2022

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:

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- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

charged for leaving the scene. I informed DELORIE this did not constitute Leaving the Scene of a Motor Vehicle Crash - Property Damage as LEVIN reported the crash before DELORIE called. DELORIE and her husband disagreed with my assessment of the incident. DELORIE's husband insisted this constituted Leaving the Scene and DELORIE insisted backing out of a driveway was not permitted by State Law. I informed both parties that LEVIN would be given a verbal warning regarding failure to use care in backing but no citations would be issued

There was minor damage caused to the passenger side front bumper of DELORIE's vehicle and no damage to the rear of LEVIN's vehicle.

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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPART

03/28/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date