

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/11/2022	Time of Crash 16:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 81 OAK 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ UPPER FALLS POST OFFICE Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000301			
License # _____ St MA DOB/Age _____			Reg # 1NZA25		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 2020		Veh Make LEXS		Veh Config. <u>1</u> <u>20</u>			
Operator MOLDAVSKIY SVETLANA Last First Middle			Owner (Same as operator)		First Middle					
Address 24 PETTEE ST (apt. 6)			Address _____		First Middle					
City NEWTON State MA Zip 02464			City _____ State _____ Zip _____							
Insurance Company GEICO			Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 11		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
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 _____			
Operator See Above			99 4 4		30 Eject Code 0 0		31 Trap Code 10 1			
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 # 3MF716		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 2016		Veh Make AUDI		Veh Config. <u>1</u> <u>20</u>			
Operator BOVIARD JUDITH DEBRA Last First Middle			Owner (Same as operator)		First Middle					
Address 51 PETTEE ST (apt. 16)			Address _____		First Middle					
City NEWTON State MA Zip 02464			City _____ State _____ Zip _____							
Insurance Company CINCINNATI INSURANCE CO			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <u>2</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 11		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>4</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
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 _____			
Operator/Non-Motorist See Above			99 4 4		30 Eject Code 0 0		31 Trap Code 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Oak St

#81 Oak St

NOT TO SCALE

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:

Vehicle 1 was parked in front of the USPS Office at 81 Oak St while Vehicle 2 was travelling southbound on Oak St. Another vehicle was travelling northbound on Oak St and didn't leave enough room for Vehicle 2 to safely pass between the traveling vehicle and Vehicle 1, causing the passenger side mirror of Vehicle 2 to make contact with the driver's side mirror of Vehicle 1. I observed minor damage to both mirrors.

An incident report for this crash was created (Report #2201920)

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