

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/07/2022		Time of Crash 08:03 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
WEST HAZELHURST AVE												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
NORTH WALTHAM ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								1	
				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000374							
License # --- St MA DOB/Age ---				Reg # 454NM8 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make ACURA Veh Config. 1 20								12	
Operator GOMELSKIY IGOR				Owner (Same as operator)								1	
Address 46 CEDAR ST (apt. 2)				Address _____									
City WALTHAM State MA Zip 02453				City _____ State _____ Zip _____									
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 22 22 99 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 22 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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												22	
Operator See Above				-----									
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
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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				-----									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Waltham St

Hazelhurst Ave

Pole #3 with wires and transformer down

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 5/7/22 I responded to the intersection of Waltham St and Hazelhurst Ave for reports of a single vehicle crash into a pole. On arrival I observed MA reg 454NM8 with front end damage, stationary by utility pole #3 in front of 88 Waltham St. The pole was snapped in half and there were several wires/a transformer down as a result.

I spoke with the operator identified as Igor Gomelskiy DOB 8/10/55. Gomelskiy stated that he lost control of the vehicle as he was heading northbound on Waltham St. According to Gomelskiy, mechanical failure was a factor, as the front right wheel bearing has been giving him issues of late.

Gomelskiy signed a patient refusal and Eversource was notified. I remained on scene until Detail Ofc. Harris arrived. Due to the precarious position of the top half of the snapped pole resting on wires above the crash

(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

KELEIGH N DONAHUE

NEWTON POLICE DEPT.

05/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

scene, Tody's will hook the car after Eversource removes the hazard.

[illegible]

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

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

KELEIGH N DONAHUE

NEWTON POLICE DEPARTMENT

05/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____