

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/17/2022		Time of Crash 12:37 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 35 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:							
<div>WEST TREMONT ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>WAVERLEY AVE</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 6 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000540							
License # --- St NY DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator LEVY ETAN JONAH Address 172 W 79TH ST (apt. 3AB) City NEW YORK State NY Zip 10024 Insurance Company UNKNOWN Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # DXM6609 Reg Type PAS Reg State NY Veh Year 2019 Veh Make AUDI Veh Config. 2 20 Owner LEVY PHILIPP D Address 172 (apt. 3AB) W 79TH ST City NEW YORK State NY Zip 10024 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 5 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved				13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator See Above				NONE									
LEVY, LIAT, VERED 172 W 79TH ST (apt 3AB) NEW YORK, NY 10024				NONE									
SCHARF, DEVIN, D 279 GLEN CT TEANECK, NJ 07666				NONE									
DAHAN, MORDEHAI 8634 CLIO ST HOLLIS, NY 11423				NONE									
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 F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator CLARY ANGELA ROSE Address 39 ENGLEWOOD AVE (apt. 19) City BRIGHTON State MA Zip 02135 Insurance Company COMMERCE Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 7SH734 Reg Type PAN Reg State MA Veh Year 2012 Veh Make HONDA 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 1 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved				13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator/Non-Motorist See Above				ST ELIZABETHS									

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Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
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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													
AARON, BENJAMIN 105 EAST LANE STANFORD, CT 06905													
HERSKOWITZ, DANIEL, MARCUS 18235 ABERDEEN RD JAMAICA, NY 11432													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 3 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 F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MORIN SARAH C Address 33 FAIRBANKS ST (apt. 2) City BRIGHTON State MA Zip 02135 Insurance Company GEICO				Reg # 2JSZ17 Reg Type PAN Reg State MA Veh Year 2021 Veh Make SUBARU 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 1 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 8 11 Totaled Underride/Override 25 Towed Y								14	
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Operator/Non-Motorist See Above													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

Crash Diagram:

Waverley Ave

Tremont St

Unit 1

Unit 2

Unit 3

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:

Oper # 1 admitted to rear ending Veh #2 who was stopped at the red light at Tremont (WB) @ Waverley.

This caused both veh # 1 and Veh # 2 to rear end Vehicle # 3, who was also stopped at the red light.

3 tows by Tody's

oper # 2 transported by medics (airbags) to St. Elizabeths Hospital

Oper #3 signed refusal

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

MICHAEL D BOUDREAU      NEWTON POLICE DEPARTM      06/17/2022

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

CDP1 11 -24:00