

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/18/2022		Time of Crash 21:06 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:						9	
NORTH CENTRE STREET										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
EAST GARDEN STREET				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						2			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000543							
License # --- St MA DOB/Age ---				Reg # 2NMB94 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2017 Veh Make JACQUAR Veh Config. 1 20									
Operator TOLCHINSKY PETER				Owner (Same as operator)								12	
Address 250 HAMMOND POND PARKWAY (apt. 650S)				Address _____									
City NEWTON State MA Zip 02467				City _____ State _____ Zip _____									
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage					
Citation # (If Issued) 2014292				Most Harmful Event 1 23				11 Totaled					
Violation 1: Ch 90/9 Sec Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 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	
Operator				See Above				-----				---	
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 MD DOB/Age ---				Reg # DZD0821 Reg Type PC Reg State MI									
Sex F Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make NISSAN Veh Config. 1 20									
Operator WILSON BRANDI JEAN				Owner EAN HOLDINGS LLC EAN HOLDINGS									
Address 16305 CARRS MILL ROAD				Address 14002 (apt. 1500) EAST 21ST ST									
City WOODBINE State MD Zip 217978321				City TULSA State OK Zip 74134									
Insurance Company ENTERPRISE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 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	
Operator/Non-Motorist				See Above				-----				---	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Bellevue St

Unit 1

P.O.I.

Unit 2

Garden Street

Centre Street

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:

On 06/18/2022, while assigned to N494, I, Officer Conary, and Officer Sohn (N492), responded to an MVA at Centre Street at Garden Street. Upon arrival, I met with Operator of MV1 who explained to me that they were traveling Northbound on Centre Street, when a truck in front of them began to slow down in traffic. Operator of MV1 said that they began to slow down too and then was struck in the rear by MV2. Operator of MV1's dog, that was in the back seat, jumped out of the car and ran down the street. Operator of MV1 was able to get the dog and claimed that it was hit by the car. I observed the dog and it was energetic and was moving around without visible issues.

I spoke to Operator of MV2 who explained to me that they were traveling Northbound on Centre Street when MV1 stopped in front of them. Operator of MV2 was unable to stop in time. They did not know whether or not they

(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

KRISTINA CONARY

NEWTON POLICE DEPT

06/18/2022

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:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

hit a dog during the accident.

MV1 was unregistered and non renewable. Operator of MV1 was handed MA Citation T2014292.

Both vehicles were towed from scene. There is damage to MV1 rear, and MV2 front end. A MV inventory form was completed for MV1.

Both operators signed patient refusals. I advised Operator of MV1 to bring their dog to the vet.

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

KRISTINA CONARY

NEWTON POLICE DEPART

06/18/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date