

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/20/2022	Time of Crash 13:42 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 124 LANGLEY RD				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker Exit Number				Feet [N][S][E][W] of _____ Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000547		
License # --- St MA DOB/Age ---			Reg # 2TLB76 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2022 Veh Make HONDA Veh Config. 2 20		
Operator LEZHNINA LYUDMILA			Owner (Same as operator)			Address _____			Address _____		
City NEWTON State MA Zip 02467			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GEICO			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					
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			NONE					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 # 1WWR87 Reg Type PAN Reg State MA			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2012 Veh Make TOYOTA Veh Config. 2 20		
Operator _____			Owner SNAPSTAILER ILANA			Address _____			Address 124 LANGLEY RD		
City _____ State _____ Zip _____			City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company PROGRESSIVE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					
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								

**Crash Narrative:**

On June 20, 2022 at approximately 1342 hours, I responded to 124 Langley Rd for a report of an MVA. Upon arrival, I spoke with owner of MV2 who stated a man named Patrick Fabrizio saw MV1 strike their MV and continue down the road(see Patricks witness statement). The owner of MV2 stated their vehicle was parked outside of 124 Langley Rd when the incident occurred. I observed damage to the driver's side mirror. Patrick was able to take a photo of MV1 plate and I was able to contact the owner and coordinate an exchange of information among the Owners.

Owner of MV1 states she was driving WB on Langley Rd when she struck MV2 side mirror.

No injuries or tows to be reported.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JAMES M CROWE			NEWTON POLICE DEPT#3		06/20/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					