

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|--|--------------------------------|---------------------|--|--|---|----------------------|---|--|---|--|
| Date of Crash 06/24/2022 | Time of Crash 09:51 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 5 Latitude Longitude | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: | |
| AT INTERSECTION: | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | |
| <div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div> | | | <div>29NORTH 718 BEACON ST</div> <div>10Route# 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 0 #Occupants | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 22000561 | | | |
| License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment | | | Reg # 28CL07 Reg Type PAN Reg State MA | | Veh Year 2018 Veh Make FORD Veh Config. 2 20 | | | | | |
| Operator Last First Middle | | | Owner FRANKS CHRISTINE Last First Middle | | Address 293 WEBSTER ST | | | | | |
| Address | | | City W. NEWTON State MA Zip 02465 | | Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) | | | | | |
| Insurance Company ARBELLA INS | | | Event Sequence 1 22 22 22 22 2 | | Most Harmful Event 1 23 | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N | | | Driver Contributing Code 1 24 24 | | Underride/Override 25 Towed N | | | | | |
| Citation # (If Issued) | | | Violation 1: Ch Sec Violation 2: Ch Sec | | Violation 3: Ch Sec Violation 4: Ch Sec | | | | | |
| 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 | | | See Above | | ----- | | --- | | | |
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| 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 --- | | | Reg # 7533313 Reg Type CON Reg State MA | | Veh Year 2017 Veh Make FORD Veh Config. 6 20 | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Owner USPS Last First Middle | | Address 716 BEACON ST | | | | | |
| Operator SOFRONOV SVILEN GYUROV Last First Middle | | | City NEWTON State MA Zip 02466 | | Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) | | | | | |
| Insurance Company SELF INSURED | | | Event Sequence 2 22 22 22 22 2 | | Most Harmful Event 2 23 | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N | | | Driver Contributing Code 99 24 24 | | Underride/Override 25 Towed N | | | | | |
| Citation # (If Issued) | | | Violation 1: Ch Sec Violation 2: Ch Sec | | Violation 3: Ch Sec Violation 4: Ch Sec | | | | | |
| 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 | | ----- | | 1 4 99 0 0 10 1 | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

718 BEACON ST

Unit 2

Unit 1

N

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 Friday 6/24/2022 at approx 0951hrs, while assigned to N496, I responded to the rear parking lot of 718 Beacon St in Newton. There, I spoke with the operator of MV1 who stated that her vehicle was unoccupied and in a parking space when MV2 (USPS Truck #7533313) struck the front drivers side of her vehicle. Operator of MV2 states that he attempted to pull out of his parking space but accidentally hit MV1. MV1 had considerable damage to the front drivers side corner of the vehicle. MV2 had minor scrape damage to its passenger side.

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

KEVIN DURICKAS

NEWTON POLICE DEPART

06/24/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date