

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report			Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>		
	24HR							Latitude	Local Police	<input type="checkbox"/>		
								Longitude	MBTA Police	<input type="checkbox"/>		
									Other:	<input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			Feet N S E W of Mile Marker Exit Number						
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street			Feet N S E W of						
Also at Intersection with			Landmark									
Route# Direction Name of Intersecting Roadway/Street												
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped						
License # St DOB/Age			Reg # Reg Type Reg State			Sex Lic. Class Lic. Restrictions CDL Endorsment						
Sex Lic. Class Lic. Restrictions CDL Endorsment			Veh Year Veh Make Veh Config.			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
Operator Last First Middle			Owner Last First Middle			Event Sequence Most Harmful Event						
Address			Address			Driver Contributing Code Underride/Override Towed						
City State Zip			City State Zip			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
Insurance Company			Vehicle Action Prior to Crash			Event Sequence Most Harmful Event						
Vehicle Travel Direction: Responding to Emergency?			Event Sequence Most Harmful Event			Driver Contributing Code Underride/Override Towed						
Citation # (If Issued)			Driver Contributing Code Underride/Override Towed			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved						
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			See Above			See Above						
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type			1 14 Action 2 15 Location 9 16 Condition 1 17		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
License # St DOB/Age			Reg # Reg Type Reg State			Sex Lic. Class Lic. Restrictions CDL Endorsment						
Sex Lic. Class Lic. Restrictions CDL Endorsment			Veh Year Veh Make Veh Config.			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
Operator SOOPER ANNETTE K			Owner Last First Middle			Event Sequence Most Harmful Event						
Address 412 LANGLEY ROAD (apt. 11)			Address			Driver Contributing Code Underride/Override Towed						
City NEWTON State MA Zip 02459			City State Zip			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
Insurance Company			Vehicle Action Prior to Crash			Event Sequence Most Harmful Event						
Vehicle Travel Direction: Responding to Emergency?			Event Sequence Most Harmful Event			Driver Contributing Code Underride/Override Towed						
Citation # (If Issued) N/A			Driver Contributing Code Underride/Override Towed			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved						
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			See Above			See Above						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

323 Langley Road

Langley Road

Hamlet Street

Unit 1

Unit 1

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On Tuesday, June 28, 2022, while assigned to unit N496, I responded to the area of Langley Road and Hamlet Street, Newton for a report of a roll over crash with 3 injured parties. The weather at the time of this crash was clear and sunny. The road surface in the area of the crash was dry. Langley Road and Hamlet Street are both public ways maintained by the City of Newton.

I approached the area of the crash coming from Boylston Street and when I arrived my attention was drawn to two locations on Langley Road. I observed a female party laying prone on the sidewalk area of Langley Road (E) at the Hamlet Street intersection. This female party, later identified as Ms. Melinda Conroy, was being attended to by passerby's in the area. My attention was then drawn to an overturned vehicle resting half in the roadway/half on the sidewalk (W) in front of 323 Langley Road. As I began to run over to

(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
, CITY OF NEWTON,	1000 COMMONWEALTH AVENUE NEWTON, MASSACHUSETTS 0	617-796-1000	3	TREE IN FRONT OF 323 LANGLEY ROAD

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 R GAUDET

NEWTON POLICE DEPART

06/28/2022

Police Officer Name (Please Print)


Signature


ID/Badge #

Department

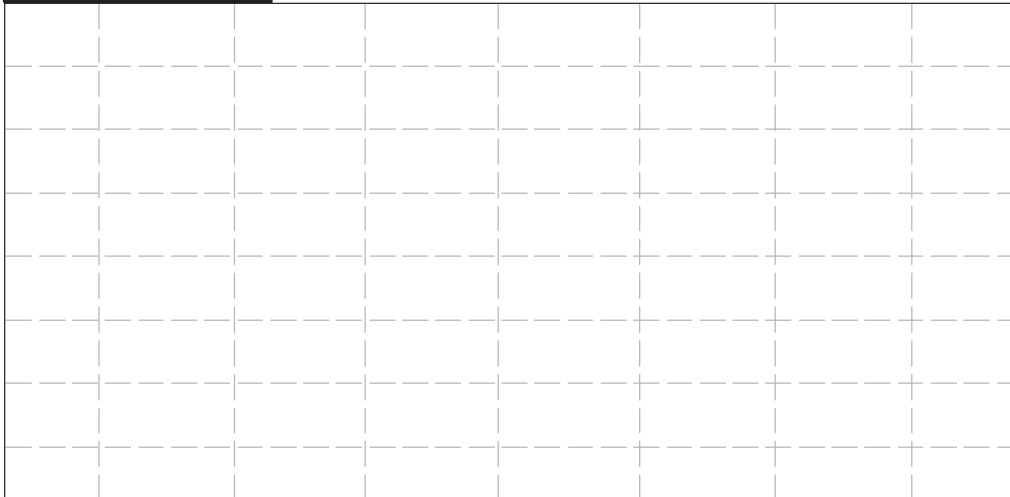
Precinct/Barracks

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:

on the sidewalk. At this time, I observed a large laceration to Ms. Sooper's head and she stated she had suffered a leg injury. Newton Fire and Medics along with additional Police units arrived on scene and took over rendering aid to the victims. I then started to conduct my investigation into the crash.

I spoke with the operator of the vehicle, Ms. Kabanovsky. Ms. Kabanovsky stated she was operating her 2005 Lexus ES330 (MA: 293TAB) on Hamlet Street (W) towards Langley Road. Ms. Kabanovsky stated as she approached the intersection, a female party (Ms. Conroy) ahead of her was running across Langley Road (S) at Hamlet Street. Ms. Kabanovsky stated she attempted to hit her brakes, but instead hit her gas pedal. Ms. Kabanovsky's vehicle crashed into Ms. Conroy and then she panicked. Ms. Kabanovsky stated her car then accelerated across the street and crashed. Ms. Kabanovsky stated she was not wearing a seatbelt

(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

MICHAEL R GAUDET

NEWTON POLICE DEPT

06/28/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

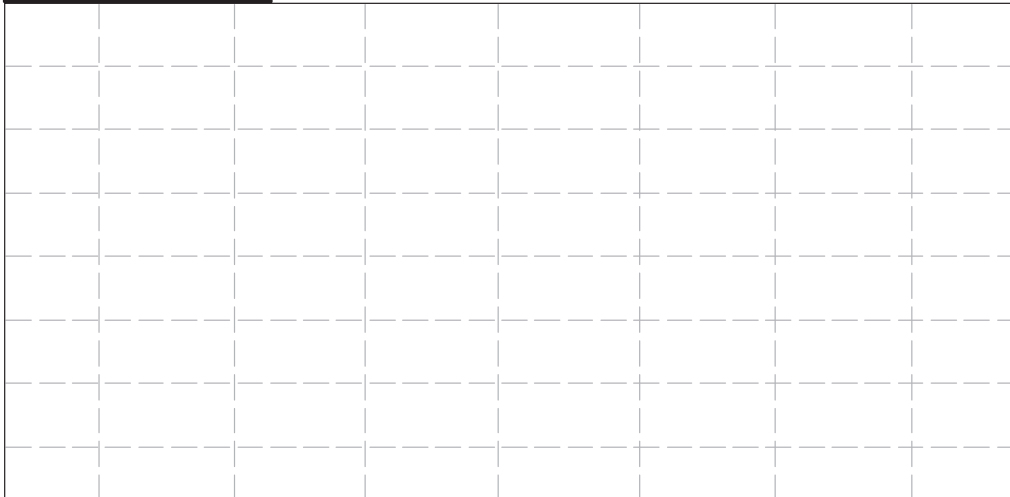
Precinct/Barracks

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:

at the time of the crash and extricated herself from her vehicle after it rolled over onto its roof. I requested Ms. Kabonovsky's license while speaking to her, but she was too upset to located it. I queried Ms. Kabanovsky's license and registration status through Newton Dispatch. Ms. Kabanovsky's license stated is expired as of 12/18/2016. Ms. Kabanovsky registration is active. I observed substantial damage to the entire front end, driver, and passenger side of Ms. Kabanovsky vehicle. Ms. Kabanovsky was evaluated by Newton Medics and complained of right arm pain. Ms. Kabanovsky was also visibly distraught and expressed concern over the two pedestrians involved in the crash. Ms. Kabanovsky was transported to Brigham and Women's Hospital for treatment.

I briefly spoke with Ms. Melinda Conroy as she was being attended to by Newton Medics and Fire. Ms. Conroy

(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 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

MICHAEL R GAUDET

NEWTON POLICE DEPART

06/28/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

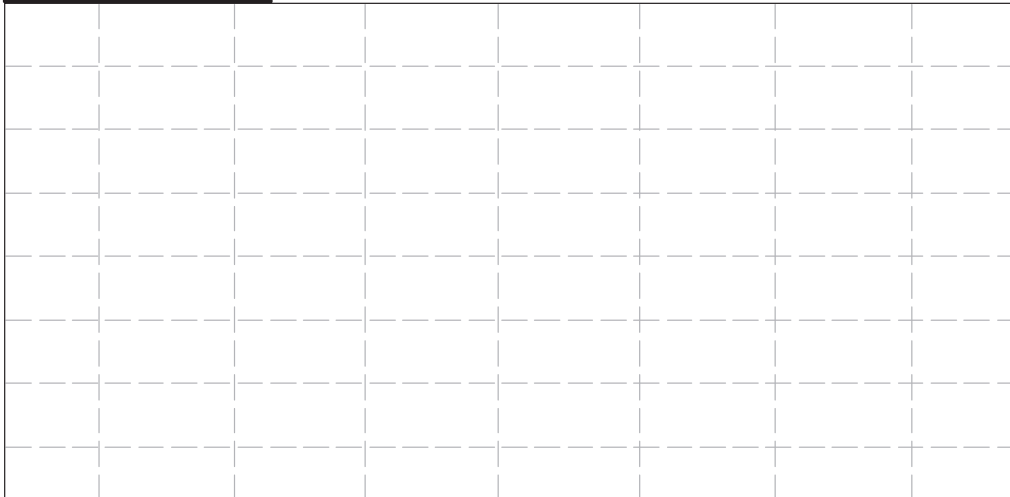
Department

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:

stated she was running on Langley Road (S) and observed MV1 traveling on Hamlet Street (W) towards Langley Road. Ms. Conroy stated she believed MV1 was slowing down and coming to a stop. Ms. Conroy stated she waved at the vehicle and as she crossed the intersection, MV1 accelerated and crashed into her left side. Ms. Conroy stated she flipped over the vehicle and landed on the roadway. Ms. Conroy was conscious and alert when speaking to Newton Medics and was transported to Beth Israel Deaconess Hospital in Boston. I later spoke with Ms. Conroy after her release from the hospital. Ms. Conroy stated she suffered some bumps and bruises had no major injuries.

Officer Pohlman spoke with Ms. Sooper prior to her transport to Beth Israel Deaconess Hospital in Boston by Newton Medics. Ms. Sooper stated she was walking on the sidewalk in front of 323 Langley Road after

(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

MICHAEL R GAUDET

NEWTON POLICE DEPT

06/28/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

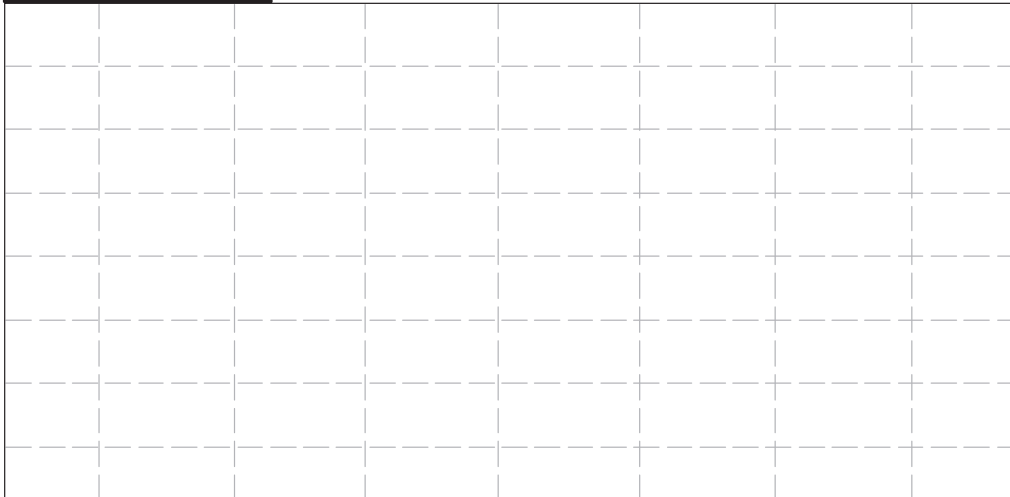
Precinct/Barracks

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:

returning from Newton Centre. Ms. Sooper stated as she was walking, she observed MV1 hit Ms. Conroy and then travel across the street in front of her into a tree. Ms. Sooper stated she does not remember what happened after that. I spoke with Ms. Sooper's son at NPD HQ and was advised Ms. Sooper was admitted to the hospital and suffered a fracture of her left hip and required 6 staples to close a laceration on her head.

Tody's Towing responded to the scene and removed MV1 from the roadway. Traffic Officer Wilson took pictures of the scene and submitted them to the IT Bureau.

After speaking with all parties involved, Ms. Kabanovsky will be cited with Massachusetts Uniform Citation 494688AB in hand at her residence for Chapter 90, Section 10 (Unlicensed Operation), Chapter 90, Section 24 (Operate To Endanger), and Newton City Ordinance Chapter 19, Section 75 (Fail To Use

(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 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

MICHAEL R GAUDET

NEWTON POLICE DEPT

06/28/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

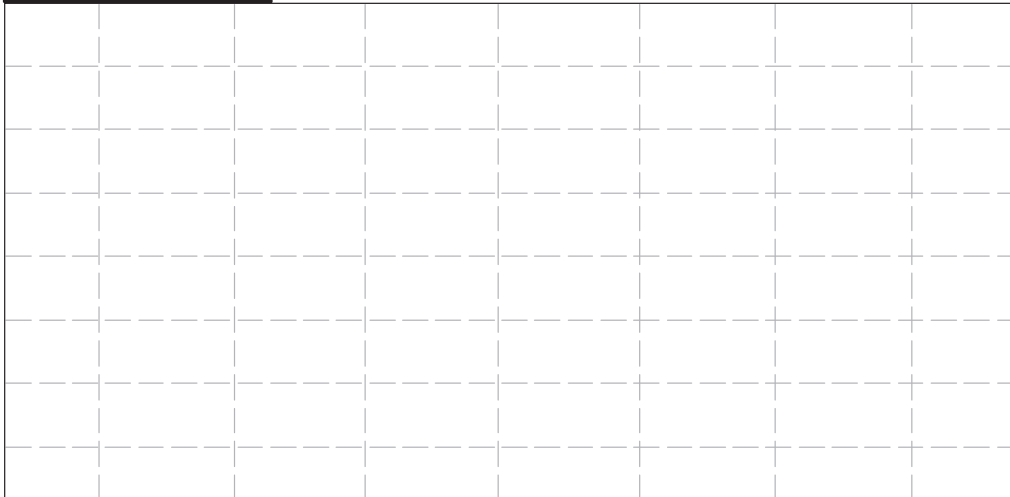
Precinct/Barracks

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:

Care). Ms Kabanovsky was also cited with Massachusetts Uniform Citation 494800AB in hand at her residence for Chapter 90, Section 13A (Fail To Wear A Seat Belt).

A Request for Immediate Threat License Suspension/Revocation was completed and submitted to the Registry of Motor Vehicles with supporting documentation via e-mail, DCUImmediateThreat@massmail.state.ma.us.

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

06/28/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date