

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/03/2022	Time of Crash 17:59 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 24 Latitude _____ Longitude _____	State Police Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
NORTH 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 _____							
EAST Route# Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N][S][E][W] of _____ Landmark _____							
Route# Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000596			
License # _____ St MA DOB/Age _____			Reg # 91KS38		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012		Veh Make NISSAN		Veh Config. 1 20			
Operator YIFRU MILLION Last First Middle			Owner (Same as operator)							
Address 18 WEBSTER ST (apt. 1)			Address _____							
City WEST NEWTON State MA Zip 02465			City _____ State _____ Zip _____							
Insurance Company LIBERTY MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued) T1448397			Most Harmful Event 1 23		0		9		10 Undercarriage	
Violation 1: Ch 90/106 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 5 24		8		7 6		11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25		Towed Y					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.	
Operator			See Above		-----		---		27 Safety System	
									28 Airbag Status	
									29 Airbag Switch	
									30 Eject Code	
									31 Trap Code	
									32 Injury Status	
									33 Transp. Code	
									Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 1JYC97		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make LEXUS		Veh Config. 1 20			
Operator BURAKOVSKY GREG Last First Middle			Owner (Same as operator)							
Address 935 WASHINGTON ST (apt. 9)			Address _____							
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____							
Insurance Company THE COMMERCE INSURANE COMPANY			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		9		10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8		7 6		11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25		Towed N					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above		-----		---		27 Safety System	
BURAKOVSKY, LUDA			935 WASHINGTON ST (apt 9) NEWTONVILLE, MA 02460		-- -- --		F		28 Airbag Status	
									29 Airbag Switch	
									30 Eject Code	
									31 Trap Code	
									32 Injury Status	
									33 Transp. Code	
									Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Chestnut St

Washington St

Vehicle 1

Vehicle 2

Pedestrian

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

North

Crash Narrative:

MV 1 was traveling straight eastbound on Washington St. When MV 1 approached the intersection of Chestnut St and Washington St he rear ended MV 2. MV 1 sustained major damage to its front end including a fluid leak. The front air bag of MV 1 deployed. There were no injuries to the operator of MV 1, Mr. Million Yifru, and he signed a patient refusal with Fallon medics. Million was given a citation for operating a motor vehicle with an expired license (MGL ch 90-10) in hand. MV 1 was towed by todys due to it being disabled.

MV 2 was stopped in traffic at the intersection of Chestnut and Washington St when he was rear ended by MV 1. MV 2 sustained minor damage to its rear bumper. The operator and passenger of MV 2 were not injured and both signed patient refusals. MV 2 was safe to drive from the crash.

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

DONALD MURPHY

NEWTON POLICE DEPARTMENT

07/03/2022

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

CDP1 11 -24:00