

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/08/2022	Time of Crash 17:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			SOUTH 95 GLEN AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
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 22000611			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator OGANESOV ANNA S Address 87 GLEN AVE City NEWTON State MA Zip 02459 Insurance Company NORFOLK			Reg # 7HS862 Reg Type PAN Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled							
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										
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	
License # --- St DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Last First Middle Address City State Zip Insurance Company FARMERS			Reg # 211XW5 Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20 Owner SKLAR CAROL Address 95 GLEN AVENUE City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
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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										

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

95 GLEN AVE

85 GLEN AVE

**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

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**Crash Narrative:**

ON 7-8-22 AT APPROX. 1757HRS. WHILE WORKING N496 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 95 GLEN AVE. I SPOKE TO THE OWNER OF VEHICLE #1. OWNER STATES SHE HAD PARKED HER VEHICLE IN HER DRIVEWAY LOCATED IN THE REAR OF 85 GLEN AVE. AFTER PARKING OWNER EXITED HER VEHICLE AND GOT HER DOG TO COME OUT. OWNER STATES THE DOGS LEASH GOT CAUGHT ON THE GEAR STICK AND SHIFTED THE VEHICLE INTO NEUTRAL. OWNER STATES SHE GRABBED HER DOG AND FELL AWAY FROM THE VEHICLE. SHE STATES THE VEHICLE STARTED BACKING WENT ACROSS ELGIN RD. TO THE DRIVEWAY LOCATED IN THE REAR OF 95 GLEN AVE. AFTER CROSSING THE STREET THE VEHICLE CONTINUED TO TRAVEL AND SMASHED INTO VEHICLE #2 THAT WAS PARKED IN THE DRIVEWAY OF 95 GLEN AVE. DURING THE CRASH VEHICLE #2 WAS PUSHED AGAINST THE GARAGE OF 95 GLEN AVE. VEHICLE #1 CAME TO REST ASIDE THE GARAGE OF 95 GLEN AVE. OWNER OF VEHICLE #2 STATED SHE HEARD THE CRASH CAME OUT AND SAW THE DAMAGE. VEHICLE #1 HAD MINOR RIGHT REAR

(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
SKLAR, CAROL,	95 GLEN AVE. NEWTON, MASSACHUSETTS 0		97	GARAGE

**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

THOMAS P WALSH

NEWTON POLICE DEPART

07/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

DAMAGE. VEHICLE #2 HAD EXTENSIVE RIGHT REAR DAMAGE AND MINOR FRONT END DAMAGE. THERE WAS ALSO MINOR DAMAGE TO THE GARAGE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

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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

THOMAS P WALSH

NEWTON POLICE DEPART

07/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date