

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/14/2022		Time of Crash 16:06 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
AUBURNDALE AVE												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
MURRAY RD						Feet N S E W of _____ • _____ or _____ 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						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark						5	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000633							
License # --- St MA DOB/Age ---				Reg # RS16SB		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make NISSAN		Veh Config. 2 20					
Operator RECINOS OSCAR				Owner (Same as operator)									12
Address 15B MARIAN RD				Address									
City FRAMINGHAM State MA Zip 01702				City		State		Zip					
Insurance Company ALLSTATE				Vehicle Action Prior to Crash 10 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		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	
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		-----		---		1 4 4 0 0 10 1		NONE	
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 TX DOB/Age ---				Reg # MWP0274		Reg Type PAN		Reg State TX					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2008		Veh Make LEXUS		Veh Config. 2 20					
Operator SYSOEV VASILY				Owner (Same as operator)									
Address 1551 OAK LAWN AVE (apt. 438)				Address									
City DALLAS State TX Zip 75207				City		State		Zip					
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	
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 4 0 0 10 1		NONE	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

Murray Rd

Auburndale Ave

P.O.I.

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:

MV1 operator stated he was operating westbound on Auburndale Ave approaching Murray Rd (both public ways). MV1 operator stated he wanted to turn left onto Murray Rd southbound but missed the street. MV1 operator said he stopped, put his MV in reverse (going eastbound in reverse while in the westbound lane) and struck MV2. MV1 rear left passenger bumper struck the right driver side front bumper causing damage of MV2. MV1 operator was unsure how close MV2 was to him prior to the accident. MV1 operator reported no injuries at this time, and no tow required.

MV2 operator stated he was following MV1 on Auburndale Ave westbound when he noticed MV1 stopping after Murray Rd. MV2 stated MV1 then starting operating in reverse (eastbound in the westbound lane). MV2 operator stated MV1 rear left passenger bumper struck the right driver side front bumper of his MV causing

(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

MARK HATFIELD

NEWTON POLICE DEPT

07/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

Material Name _____ Material 4 digit # _____ Release code _____

CDP1 11 -24:00