

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/19/2022	Time of Crash 11:18 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> 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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 714 BEACON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				2 9				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				1 11				
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000649		
License # _____ St MA DOB/Age _____			Reg # 852KY1 Reg Type PAN Reg State MA			Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20			1 12		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner SHUR LEONID			Address 28 (apt. 2209) WALLINGFORD ROAD			1 12		
Operator SHUR SVETLANA			City BRIGHTON State MA Zip 02135			Vehicle Action Prior to Crash 6 21			1 12		
Address 28 WALLINGFORD ROAD (apt. 2209)			City BRIGHTON State MA Zip 02135			Event Sequence 3 22 22 22 22			1 12		
Insurance Company FARMERS			City BRIGHTON State MA Zip 02135			Most Harmful Event 3 23			1 12		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			City BRIGHTON State MA Zip 02135			Driver Contributing Code 19 24 24			1 12		
Citation # (If Issued) 520381AB			City BRIGHTON State MA Zip 02135			Underride/Override 25 Towed N			1 12		
Violation 1: Ch 89/11 Sec _____ Violation 2: Ch _____ Sec _____			City BRIGHTON State MA Zip 02135			Towed N			1 12		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			City BRIGHTON State MA Zip 02135			Towed N			1 12		
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			---		---		27 Safety System	
SHUR, LEONID			28 WALLINGFORD ROAD (apt 2209) BRIGHTON, MA 02135			---		M		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 type="checkbox"/> Vehicle #Occupants										13	
<input checked="" type="checkbox"/> Non-Motorist A Type 1 14										13	
Action 1 15										13	
Location 1 16										13	
Condition 1 17										13	
<input type="checkbox"/> Hit/Run										13	
<input type="checkbox"/> Moped										13	
License # _____ St _____ DOB/Age _____										13	
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____										13	
Operator VARADIAN SONIG MARIAM										13	
Address 142 GRANT AVENUE										13	
City NEWTON State MA Zip 02459										13	
Insurance Company _____										13	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____										13	
Citation # (If Issued) _____										13	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										13	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										13	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			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	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Dalton Street

Beacon Street

714 Beacon Street

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 Tuesday, July 19, 2022, while assigned to unit N496, I responded to the area of Beacon Street and Dalton Road, Newton for a report of a crash involving a pedestrian. The weather at the time of the crash was clear and sunny. The road surface was dry. Beacon Street and Dalton Road are both public ways maintained by the City of Newton.

I spoke with the operator of the vehicle involved, Ms. Svetlana Shur (S58558433). Ms. Shur stated she was operating her 2007 Toyota Camry (MA: 852KY1) out of the parking lot next to 714 Beacon Street, Newton. Ms. Shur stated she approached the intersection and her attention was focused to her left as she was attempting to merge onto Beacon Street. Ms. Shur stated when she started to make her turn, she crashed into a crossing female pedestrian. Ms. Shur and her passenger, Mr. Leonid Shur reported no injuries.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
FISHMAN, REBECCA,	245 WOLCOTT STREET NEWTON, MA 02467	-----	Y

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 07/19/2022

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

CDP1 11 -24-00

→ 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:

I observed minor damage to the front passenger side of MV1.

I spoke with the pedestrian involved in the crash, Ms. Sonig Varadian. Ms. Varadian stated she was crossing Beacon Street in the marked crosswalk (S to N) towards Dalton Road. Ms. Varadian stated as she was in the crosswalk, MV1 took a right turn out of the parking lot of 714 Beacon Street and crashed into her left side. Ms. Varadian stated she then rolled and fell onto the roadway. Ms. Varadian had numerous scrapes and cuts on her person as a result of the crash and signed a patient refusal with Newton Medics.

A witness to the crash, Ms. Rebecca Fishman, stated she observed the crash as she was traveling on Beacon Street (W) towards Dalton Road. Ms. Fishman stated she observed the female pedestrian in the roadway crossing and observed MV1 take a right turn out of the parking lot to 714 Beacon Street and crash

(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

