

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 01/05/2019	Time of Crash 18:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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:																																																																					
EAST CRAFTS ST Route# Direction Name of Roadway/Street At SOUTH WALTHAM ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark																																																																									
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000023																																																																			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL GI Operator BARCUS LOREN Address 24 CLINTON ST City NEWTON State MA Zip 02458 Insurance Company GEICO			Reg # 5GY514 Reg Type PAN Reg State MA Veh Year 2005 Veh Make LEXUS Veh Config. 1 20 Owner SAADOUN MAYADA Address 24 CLINTON ST City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																																																																									
Please fill out for operator and all occupants involved			<table><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr><tr><td>Operator</td><td>See Above</td><td>---</td><td>---</td><td>---</td><td>1</td><td>4</td><td>4</td><td>0</td><td>0</td><td>5</td><td>1</td><td></td></tr><tr><td>SAADOUN, MAYADA</td><td>24 CLINTON ST NEWTON, MA 02458</td><td>---</td><td>F</td><td>3</td><td>1</td><td>4</td><td>4</td><td>0</td><td>0</td><td>5</td><td>1</td><td></td></tr><tr><td>SAADOUN, NERMEEN</td><td>262 HORSESHOE LANE (apt 724) LARAMIE, WY 82072</td><td>---</td><td>F</td><td>4</td><td>1</td><td>4</td><td>4</td><td>0</td><td>0</td><td>5</td><td>1</td><td></td></tr><tr><td>SAADOUN, RASHA</td><td>94 ADAMS ST (apt 406) WALTHAM 02453</td><td>---</td><td>F</td><td>6</td><td>1</td><td>4</td><td>4</td><td>0</td><td>0</td><td>5</td><td>1</td><td></td></tr></table>									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	5	1		SAADOUN, MAYADA	24 CLINTON ST NEWTON, MA 02458	---	F	3	1	4	4	0	0	5	1		SAADOUN, NERMEEN	262 HORSESHOE LANE (apt 724) LARAMIE, WY 82072	---	F	4	1	4	4	0	0	5	1		SAADOUN, RASHA	94 ADAMS ST (apt 406) WALTHAM 02453	---	F	6	1	4	4	0	0	5	1	
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License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator VAIL LAWRENCE E Address 72 S MAIN ST (apt. 202) City NATICK State MA Zip 01760 Insurance Company UNITED SERVICES			Reg # 33Y520 Reg Type PAN Reg State MA Veh Year 1999 Veh Make FORD Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 10 24 21 24 Underride/Override 25 Towed N Citation # (If Issued) T1441363 Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch 90/24/E Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																																																																									
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Waltham St

Crafts St

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

Crash Narrative:

On Saturday January 5th 2019 at 18:01, I was dispatched to Crafts St at Waltham St for a report of a 2 car accident. Operator of MV1 stated he was driving southbound on Waltham Street and approached the intersection as the traffic control changed to red. He slowed down and came to a complete stop. Approximately 4-6 seconds later, he was rear ended by MV2. MV1 sustained minor damage to the rear passenger side. MV1 had three other occupants in the vehicle at the time of the accident. The two passengers in the back seat complained of back pain and were evaluated by Cataldo Paramedic Basic 3 and both signed patient refusals. The operator of MV2 stated as he approached the intersection he "was sleeping." When I asked him to elaborate further he was unable to provide me any answers. He was evaluated by PB3 and transported to NWH. He was issued citation # T1441363 for Operating Under the Influence of Alcohol (2nd Offense) and Negligent Operation of a Motor

(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

LAUREN MARIE DRAGONE NEWTON POLICE DEPT 01/05/2019

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:

Vehicle. See Report #19000596 for further details. MV2 was towed by Todys Towing due to the operator being transported to the hospital and the passenger stating he was too intoxicated to drive. A towed motor vehicle form was filled out.

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

LAUREN MARIE DRAGONE

NEWTON POLICE DEPT

01/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date