

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/09/2019	Time of Crash 15:59 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:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 54 ASH ST 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 _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000165		
License # _____ St _____ DOB/Age _____			Reg # 1EC474			Reg Type PAN			Reg State MA		
Sex _____ Lic. Class 18 18			Lic. Restrictions 19			CDL _____			Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20		
Operator _____ Last First Middle			Owner HOVHANNISYAN ZARDAR Last First Middle								
Address _____			Address 227 BOYLSTON ST								
City _____ State _____ Zip _____			City WATERTOWN State MA Zip _____								
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 99 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 99 24			7 6					
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. 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			-----								
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 checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped								
License # _____ St _____ DOB/Age _____			Reg # UNKN			Reg Type PAN			Reg State MA		
Sex _____ Lic. Class 99 18 18			Lic. Restrictions 99 19			CDL _____			Veh Year UNKN Veh Make UNKN Veh Config. 1 20		
Operator UNKNOWN UNKNOWN UNKNOWN Last First Middle			Owner (Same as operator) Last First Middle								
Address _____			Address _____								
City _____ State _____ Zip _____			City _____ State _____ Zip _____								
Insurance Company UNKN			Vehicle Action Prior to Crash 99 21			Damaged Area Code: (Circle Up to Three)					
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Operator/Non-Motorist See Above			-----								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

54 Ash st

Unit 1

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:

On 2/9/19 I responded to 54 Ash St and met with Ms. Zardar Hovhannisyan in regards to a past hit & run to her vehicle. Hovhannisyan parked MA reg 1EC474 on Ash St (a northbound public one way street) just prior to Commonwealth Ave around 0800 hrs this morning. When she returned around 1000 hrs, she noticed moderate damage to the front left area of the vehicle. There was minor debris on the ground consistent with the damage I viewed.

It should be noted that there are parking stalls parallel to where the vehicle was parked, with several residents of Norumbega Gardens coming and going quite frequently. It is not believed that there are cameras facing the specific area where the collision occurred. Hovhannisyan was advised to contact her insurance company.

(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

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