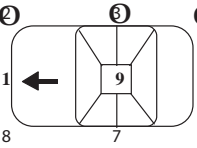
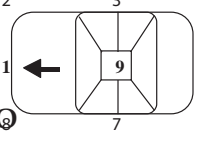


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/27/2019	Time of Crash 08:52 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	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 843 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 _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000219	
License # _____ St NY DOB/Age _____			Reg # GJV1096			Reg Type PAN			Reg State NY	
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2015			Veh Make MAZDA			Veh Config. <u>1</u> <u>20</u>	
Operator CHAUDHRY OMER AHMAD Last First Middle			Owner (Same as operator)			First Middle				
Address 218 MAIN STREET			Address _____			City _____			State _____ Zip _____	
City HORNELL State NY Zip 14843			City _____			State _____			Zip _____	
Insurance Company GEIKO			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 5 11 Totaled	
Citation # (If Issued) N/A			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB			Sex	
Operator			See Above			-----			---	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St MA DOB/Age _____			Reg # 1YT269			Reg Type PAN			Reg State MA	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>2</u> <u>19</u> CDL _____			Veh Year 2017			Veh Make MERCEDES			Veh Config. <u>1</u> <u>20</u>	
Operator LIBERT ELIZABETH C Last First Middle			Owner (Same as operator)			Last First Middle				
Address 11 HEMLOCK ROAD			Address _____			City _____			State _____ Zip _____	
City CAMBRIDGE State MA Zip 02138			City _____			State _____			Zip _____	
Insurance Company BANKERS STANDARD			Vehicle Action Prior to Crash <u>6</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 5 11 Totaled	
Citation # (If Issued) T1269154			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch <u>19</u> <u>75</u> Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>4</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed Y							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB			Sex	
Operator/Non-Motorist			See Above			-----			---	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

843 Beacon Street

Beacon Street

Unit 1

Unit 2

← N →

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 Wednesday, February 27, 2019 while assigned to Traffic unit N525, I responded to the area of 843 Beacon Street, Newton for a report of a 2 car motor vehicle accident. Beacon Street is a public way maintained by the City of Newton.

I spoke with the operator of MV1, Omer Chaudhry (NY: 122909834). Chaudhry stated he as operating his 2015 blue Mazda 3 (NY Reg: GJV1096) Eastbound on Beacon Street towards Centre Street. Chaudhry stated he observed MV2 exiting a parking spot on his right. As MV2 attempted to merge into traffic it's front driver side crashed into the passenger side of his vehicle. I observed damage along the passenger side of Chaudhry's vehicle from the rear passenger tire to the front passenger bumper area. Chaudhry reported no injuries at this time.

(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

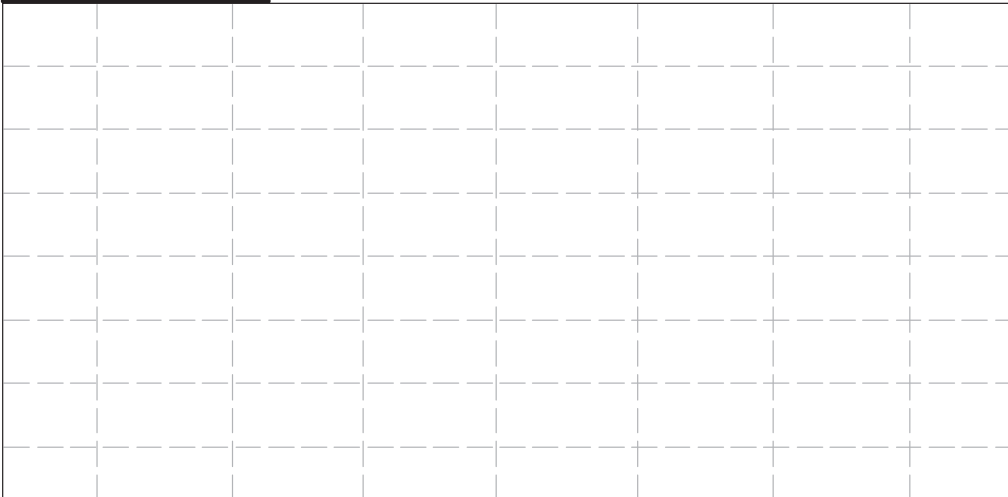
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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 spoke with the operator of MV2, Elizabeth Libert (S75526057). Libert stated she was attempting to pulled out of a marked parking spot (E) on Beacon Street when the front driver side of her 2017 gray Mercedes E400 (MA: 1YT269) crashed into the passenger side of MV1. I observed damage to the front driver side tire area of MV2. Libert reported no injuries at this time. Libert's vehicle was removed from the roadway by Tody's towing. Libert was cited with Massachusetts Uniform Citation T1269154 for Newton City Ordinance Chapter 19, Section 75 (Failure to Use Care).

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

02/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date