

| | | | | | | | | | | |
|-----------------------------|--------------------------------|---------------------|--------------------------------------|--|--|-------------------------|------------------------|---|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
| Date of Crash 03/10/2019 | Time of Crash 11:18 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 3 | 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: | |
| EAST AMHERST RD | | | | | |
| Route# | Direction | Name of Roadway/Street | | Route# | Direction |
| | | At | | Address # | |
| NORTH CHESTNUT ST | | | | Name of Roadway/Street | |
| Route# | Direction | Name of Intersecting Roadway/Street | | _____ Feet N S E W of _____ • _____ or _____ | |
| | | Also at Intersection with | | Mile Marker | |
| | | | | Exit Number | |
| Route# | | Direction | | Name of Intersecting Roadway/Street | |
| | | | | _____ Feet N S E W of _____ | |
| | | | | Route# | |
| | | | | Intersecting Roadway/Street | |
| | | | | _____ Feet N S E W of _____ | |
| | | | | Landmark | |

| | | | |
|--|----------------------------------|--------------------------------|------------------------|
| <input checked="" type="checkbox"/> Vehicle 1 3 #Occupants | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped | Case Number 1900000261 |
|--|----------------------------------|--------------------------------|------------------------|

| | |
|--|---|
| License # --- St MA DOB/Age -- -- | Reg # 4BC783 Reg Type PAN Reg State MA |
| Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____ | Veh Year 2016 Veh Make MINI COOPER Veh Config. 1 20 |
| Operator UNSITAHARUTAI SAIFOUN | Owner (Same as operator) |
| Address 11 HAMPSHIRE RD | Address _____ |
| City FRAMINGHAM State MA Zip 01702 | City _____ State _____ Zip _____ |
| Insurance Company COMMERCE | Vehicle Action Prior to Crash 1 21 |
| Vehicle Travel Direction: X S E W Responding to Emergency? _____ | Event Sequence 1 22 22 22 22 |
| Citation # (If Issued) _____ | Most Harmful Event 1 23 |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | Driver Contributing Code 1 24 24 |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | Underride/Override 25 Towed Y |

Damaged Area Code: (Circle Up to Three)

| | | | | | | | | | | | | |
|---|---|---------|-----|--------------------|------------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Please fill out for operator and all occupants involved | | 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 | 3 | 4 | 0 | 0 | 4 | 2 | |
| UNSIHARUTAI, SAIFOUN | 11 HAMPSHIRE RD FRAMINGHAM, MA 01702 | ----- | M | 3 | 1 | 3 | 4 | 0 | 0 | 4 | 2 | |
| UNSIHARUTAI, SAIPAN | 11 HAMPSHIRE RD FRAMINGHAM, MA 01702 | ----- | F | 6 | 1 | 2 | 4 | 0 | 0 | 5 | 1 | |

| | | | | | | | |
|-------------------------------------|--|---|-----------|-------------|--------------|----------------------------------|--------------------------------|
| 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 MA DOB/Age -- -- | Reg # 5ES474 Reg Type PAN Reg State MA |
| Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____ | Veh Year 2009 Veh Make HONDA Veh Config. 1 20 |
| Operator CANJURA IRIS | Owner (Same as operator) |
| Address 19 HOLBROOK COURT (apt. 2) | Address _____ |
| City MELROSE State MA Zip 02176 | City _____ State _____ Zip _____ |
| Insurance Company NORFOLK DEDHAM MUTUAL | Vehicle Action Prior to Crash 6 21 |
| Vehicle Travel Direction: N S X W Responding to Emergency? _____ | Event Sequence 1 22 22 22 22 |
| Citation # (If Issued) _____ | Most Harmful Event 1 23 |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | Driver Contributing Code 4 24 24 |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | Underride/Override 25 Towed Y |

Damaged Area Code: (Circle Up to Three)

| | | | | | | | | | | | | |
|---|-----------|---------|-----|--------------------|------------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Please fill out for operator and all occupants involved | | 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 | 4 | 2 | |

→ 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

NOT TO SCALE

Crash Narrative:

On 3/10/2019 at approx 1118hrs while assigned to 497 I responded to the intersection of Chestnut St and Amherst Rd for a report of a two car crash. upon arrival both vehicles were up on the curb at the northeast corner of Chestnut St and Amherst Rd. I spoke with the operator of Ma Reg 4BC783, UNSITAHARUTAI, Saifoun who stated she was travelling EB on Chestnut St when the operator of Ma Reg 5ES474, CANJURA, Iris cut across in front of her causing collision. Saifoun stated her father UNSITAHARUTAI, Somchai was in the front passenger seat and now complaining of neck pain. Saifouns mother, UNSITAHARTAI, Saipan was in the rear passenger seat and had no injuries. Please note Saipans only DOB is the year 1952, I added January 1st for report validation purposes. I spoke with Iris who stated she was crossing Chestnut St from Tamworth St to Amherst Rd when she saw Saifoun "going really fast". Iris and Samchai were transported to NWH by Cataldo Ambulance. Todys towed

(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

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:

both MVs.

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