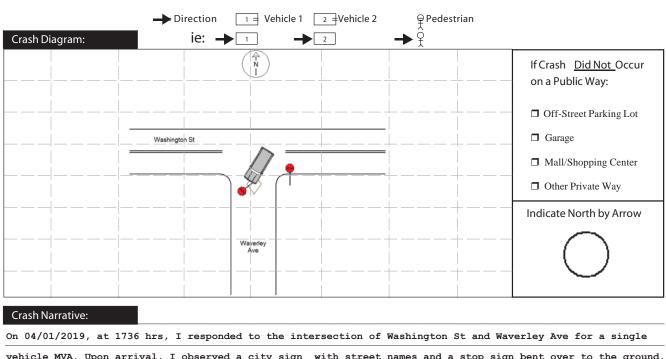
	Poli	ice Use Only		Commonwe	alth (of Ma	assa	ich	use	etts			RM	V Doo	cumen	t Number		
	Date of Crash 04/01/2019	Time of Crash 17:36	City/Town	Motor	r Veh	icle (Cra	sh		mber	Num		eed Lim		St L	tate Police ocal Police IBTA Police		
	04/01/2019	24HR	NEWTON	Po		Repo	rt		1		0		ngitude_		O	ther:		
		AT INTER	SECTION:	<	LOCA	TION	>	>			N()T A T	[INT	ERS	ECT	ION:	_	2
	WES	T WASHI	INGTON ST															
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion	Name of Ro	oadway/Street		Route# I	Direction	n A	ddres	s #		N	lame of I	Roadw	ay/Stre	eet	<u>_</u>	2 ¹⁰
	SOU		F	eet N	SI	E W	of -			•	or				_			
	Route# Direc		En MCEW.c						Mile Marker Exit Number									
			Feet NSEW of						Route# Intersecting Roadway/Street						11			
2 1			Feet N S E W of											1				
	Route# Direct	tion	Landmark									\exists						
3	XVehicle1	5_#Occupants	Hit/Run	Moped Case	e Number			:	190000	00332							1	
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4		JBI Last		Endorsment	_	r_(Same a											_	1 ¹²
2	Address 4459	Last AMBERLEAF W	First VALK	Middle		ess					First			Mi	ddle		_	
	City LILBURN			GA Zip 30047											Zip			
	Insurance Com	-	City State Zip Vehicle Action Prior to Crash								_							
5	Vehicle Travel	Direction: N	S E X Respor	nding to Emergency?	Event	Sequence	20 2	2 29	22	22	22	Ð	3		4			
1		ssued)				Harmful E		_	23				9	$\langle $		10 Undercarri	iage	
	Violation	1: ChSec	Violation 2:	: ChSec	Drive	r Contribut		Г	19 2	4	24	y			٥	11 Totaled		
⁶ 1	Violation	3: ChSec	Violation 4	: ChSec	Under	ride/Overr	ide	2	.5	Towe	N	8	7		6			
			ator and all occupa						26 Seat	27 Safety	28 Airbag	29 Sirbag Eje	30 31 ect Trap	32 Injury	33 Transp.		\dashv	20
	Name (Last Fire Operator	st Middle)		Address See Above		Age/D		Sex	Pos.	System	Status \$	witch Co	de Code	\$tatus	Code 1	Medical Facili	ty	
	AYUBI, SANA	<u> </u>						F	3	99		4 0	0	5	1		-	
	HACAN AMA	AAD				 		M	6	00	4	4 0	0	5	1		\dashv	
	HASAN, AMN	WIAK								99			+		1		_	
7	AYUBI, SAFIA	<u> </u>						F	4	99	4	4 0	0	5	1			
3	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A T	ype	Action	15		cation		Co	ndition	17		Hit/Ru	ın Mop	ed	
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	Sex Lic. 0		Lic. Restrictions	CDL Endorsment		ear			eh Ma	ke				Veh	Config	-		
8 1	Operator	Last	First	Middle	_ Owne	r	Last	:			First			Mi	ddle		-	
	Address		Address									-						
	City		_ City _								State				-			
	Insurance Com	pany	Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										e)				
	Vehicle Travel	Event Sequence 22 22 22 22 23 4 Most Harmful Event 23 10 Undercarriage 5 11 Totaled								ingo								
	Citation # (If Is									lage								
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		n 3: ChSe	Underride/Override Towed															
	Ple Name (Last Fi		operator and all o	ccupants involved Address		Age/l	ООВ	Sex	26 Seat Pos.	27 Safety System	28 Airbag A Status	29 irbag Eje Switch C	30 31 Ect Trap ode Code	32 Injury Status	Transp. Code	Medical Facil	lity	
	Operator/	Non-Motorist		See Above														
																	=	

Pol	ice Use Only		Comn	nonweal	lth o	f Mass	sach	use	etts			RMY	V Doc		t Number	
Date of Crash 04/01/2019	Time of Crash	City/I	Town	Motor			ash		mber nicles	Number Injure	er Spee	ed Limi tude		St Lo	ate Police ocal Police BTA Police	X
	24HR	1				Report		1		0		gitude_		0	ther:	
	AT INTE	RSECTION:	:	< L	OCAT	ION	>			NO'	ГАТ	INTI	ERSI	ECT	ION:	
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			At			Feet	NS	E W	of -		•		or			_
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	<u> </u>	27 07		10.	l-	Feet	N S	E W	of							
Route# Direc	ction	Name of Inters	secting Roadway/	Street								Laı	ndmark	C		
X Vehicle	5_#Occupants	Hit/Ru	n	ed Case N	Number			190000	00332							- 1
License#		St	GA DOB/Age		Reg # 8	MN738				Reg T	pe PA	N	Re	eg State	_e MA	
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	fill out for oper	ator and all occ	upants involve	d			Τ	_		28 Airbag Air	29 30 pag Eject	31 Trap	32 Injury	33 Transp.		
Name (Last Fin				Address e Above		Age/DOB	Sex	Pos.	System	Status Swi	tch Code	Code	Status	Code	Medical Facil	ity
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		-	D.O.D.//		- · ·					<u> </u>			_			-
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Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 10 Undercarriage											
	Citation # (If Issued)					Most Harmful Event 5 11 Totaled 5 11 Totaled										
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Name (Last F	irst Middle)	- Sperittor und t		Address		Age/DOB	Sex	Pos.	Safety 2 System	Airbag Air Status Sw	ag Eject	Trap le Code	Injury Status	Transp. Code	Medical Faci	lity
Operator/	/Non-Motorist		See	e Above			-					+				
							\perp					_				



On 04/01/2019, at 1736 hrs, I responded to the intersection of Washington St and Waverley Ave for a single vehicle MVA. Upon arrival, I observed a city sign with street names and a stop sign bent over to the ground. There were tire marks across the small island leading up to the signs at the intersection. The vehicle on scene had damage to its front passenger side. The operator of the vehicle stated he was traveling westbound on Washington St and attempted to turn left onto Waverley Ave when he ran over the island and struck the sign. He stated a vehicle was traveling eastbound on Washington St which sped up and caused him to crash. Pictures were taken of the city property damage and submitted to IT. The city was also notified to replace the signs.

Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
, CITY OF NEWTON,	1000 COMMONW NEWTON,MASS		1	3	STREET SIGN		
Truck and Bus Information: Carrier Name			(From Vehic	ele Section)	Carrier Iss	uing Authority Cod	35
Address			City		St	Zip	
US DOT #:			_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4 o	digit #	_ Release code	42

