

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/01/2019		Time of Crash 17:36 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 5 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000332							
License # _____ St GA DOB/Age _____				Reg # 8MN738				Reg Type PAN		Reg State MA			
Sex M Lic. Class C 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2018				Veh Make TOYOTA		Veh Config. 2 20			
Operator AYUBI M-SHOAIB Last First Middle				Owner _____ Last First Middle								12	
Address 4459 AMBERLEAF WALK				Address _____									
City LILBURN State GA Zip 30047				City _____ State _____ Zip _____									
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____				Event Sequence 20 22 29 22 22 22 29 23				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 29 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	
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		-----		---					
HASAN, HASHEM						M		5		99		4 4 0 0 5 1	
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____				Reg # _____				Reg Type _____		Reg State _____			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____				Veh Make _____		Veh Config. 20			
Operator _____ Last First Middle				Owner _____ Last First Middle									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
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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/Non-Motorist				See Above		-----		---					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Waverley Ave

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 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 Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	STREET SIGN

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

ALEXANDER C SPINNEY	24734	NEWTON POLICE DEPART	04/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

