

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 04/10/2019	Time of Crash 08:06 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:							
NORTH CENTRE ST Route# Direction Name of Roadway/Street At EAST WESLEY ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			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									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000358					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator STEWART ABDULAZIZ A Address 19 WESLEY STREET (apt. 2) City NEWTON State MA Zip 02458 Insurance Company SAFETY			Reg # 669FM3 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 2 3 4 Most Harmful Event 3 23 1 9 5 11 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- --- 1 4 99 0 0 10 1 N/A									
STEWART, MARIAM 19 WESLEY STREET (apt 2) NEWTON, MA 02458 --- F 5 99 4 99 0 0 10 1 N/A												
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 2 14		Action 2 15		Location 4 16		Condition 1 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator MURTAGH TIMOTHY Address 540 CENTRE STREET City NEWTON State MA Zip 02460 Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4 Most Harmful Event 23 1 9 5 11 Driver Contributing Code 24 24 Underride/Override 25 Towed _____									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- --- 10 1 N/A									

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Street

Unit 1

Wesley Street

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, April 10, 2019 while assigned to Traffic unit N525, I responded to the intersection of Centre Street and Wesley Street, Newton for a report of a motor vehicle accident involving a bicycle. It was also reported that the parties involved were arguing with each other. The weather at the time of the accident was cloudy and the road surface was dry. Centre Street and Wesley Street are both public ways maintained by the City of Newton.

I spoke with the operator of MV1, Abdulaziz Stewart (S04075169). Stewart stated he was operating his 2017 Toyota Camry (MA: 669FM3) at the time of the accident. Stewart stated he came to a stop on Wesley Street (E) at Centre Street and was attempting to take a left turn onto Centre Street. Stewart stated there were no vehicles in the Southbound lane of Centre Street and there was a vehicle

(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

