

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/01/2019		Time of Crash 15:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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		
EAST BROOKLINE ST 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								2		
NORTH OBER RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11		
3				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000439			3	
License # --- St MA DOB/Age ---				Reg # 3CR315 Reg Type PAN Reg State MA				Veh Year 2015 Veh Make TOYOTA Veh Config. 20				12		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Operator HAGHIGHOT SARA				Owner (Same as operator)				1		
Address 42 OBER RD				City NEWTON State MA Zip 02459				Vehicle Action Prior to Crash 2 21				1		
Insurance Company ARBELLA				Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 10 22 22 22 22				2		
Citation # (If Issued) _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Most Harmful Event 10 23				3		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N				4		
Please fill out for operator and all occupants involved				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				13						
Operator				See Above				99 4 99 0 0 10 1				4		
YAZDANI, HANNAH				42 OBER RD NEWTON, MA 02459				F 6 99 4 99 0 0 10 1						
7				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		13
License # --- St --- DOB/Age ---				Reg # --- Reg Type --- Reg State ---				Veh Year --- Veh Make --- Veh Config. 20				13		
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Operator KEAN JEREMY				Owner _____				1		
Address 19 KNOLL ST				City ROSLINDALE State MA Zip 02131				Vehicle Action Prior to Crash 21				2		
Insurance Company _____				Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 22 22 22 22				3		
Citation # (If Issued) _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Most Harmful Event 23				4		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Driver Contributing Code 24 24				Underride/Override 25 Towed _____				5		
Please fill out for operator and all occupants involved				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				13						
Operator/Non-Motorist				See Above				9 1				1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Brookline St

Unit 1

Unit 1

Ober Rd

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator 1 of MV 1 was stopped on Brookline St (E/B) to take a turn onto Ober Rd. A vehicle had let Operator 1 turn onto Ober Rd and while turning a Bicycle struck the passenger side of her vehicle causing minor damage. No injuries to Operator 1 or Passenger of the vehicle. No tow needed and no citation issued. The operator of the bicycle was traveling (w/b) on Brookline st passing the cars on the right side. The bicycle did not see that there was a vehicle stopped in traffic allowing MV 1 to turn onto Ober Rd. Minor injuries to the operator of the bicycle on hands and his right knee. Medics responded and got a signed patient refusal. Pictures were taken of the vehicle, operator of the bicycle and turned into IT for attachment to the report.

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

ROBERT A MARCH NEWTON POLICE DEPT 05/01/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00