

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/24/2019	Time of Crash 21:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> 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:			
SOUTH CENTRE ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
EAST PLEASANT ST										
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ or _____				Mile Marker Exit Number			
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# Intersecting Roadway/Street			
							Landmark			
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000759	
License # --- St NH DOB/Age ---			Reg # 4393449 Reg Type PAN Reg State NH							
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2018 Veh Make BMW Veh Config. 1 20							
Operator HASHMANI AZEEM			Owner SHARIFF FATEMA							
Address 2 SPALDING CIR (apt. 3)			Address 2 (apt. 3) SPALDING CIR							
City NASHUA State NH Zip 030622			City NASHUA State NH Zip 030622							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 5 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										
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			1 4 4 0 0 10 1							
SHARIFF, FATEMA 2 SPALDING CIR (apt 3) NASHUA, NH 030622			F 3			10 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 # 94HD98 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2005 Veh Make TOYT Veh Config. 1 20							
Operator JOSEPH CAROLYN			Owner (Same as operator)							
Address 80 DABNEY ST			Address _____							
City ROXBURY State MA Zip 02119			City _____ State _____ Zip _____							
Insurance Company SAFECO INSURANCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 1 22 22			3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 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										
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			1 4 4 0 0 9 2			NWH				

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Pleasant St

Centre St

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:

Operator of MV1 was traveling southbound on Centre Street approaching the intersection of Pleasant Street. He failed to apply the brakes in time to stop when he saw the operator of MV2 had stopped to allow another vehicle enter onto Centre Street from Pleasant Street. He estimated his speed at the time of the accident to be approximately 10 mph. Operator of MV2 was stopped on Centre Street allowing another driver pull out in front of her when she was struck from behind. Operator of MV2 complained of neck and back pain and was transported to NWH by Cataldo MED1. I observed very minimal damage to both the rear of MV2 and front of MV2. There were a few very minor scratches, but no other damage to either bumpers. The operator of MV1 and his passenger both signed patient refusals. Both vehicles were driveable and operator of MV2 was able to pull her vehicle into a parking spot on Centre Street.

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

LAUREN MARIE DRAGONE

NEWTON POLICE DEPART

07/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date