

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/09/2019		Time of Crash 20:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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	
EAST FRANKLIN ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								10	
SOUTH WAVERLEY AVE 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								3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000823							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator DOYLE DEBORAH Address 45 BELMONT COURT (apt. 4) City BROCKTON State MA Zip 02301 Insurance Company ARBELLA				Reg # 8FR287 Reg Type PAN Reg State MA Veh Year 206 Veh Make CHRYSLER Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	
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								13	
Operator See Above				----- --- 99 99 99 0 0 10 1								1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator BHATTI AMNA Address 365 FANEUIL ST (apt. 12) City BRIGHTON State MA Zip 02135 Insurance Company GOVT EMPLOYEE				Reg # 8FR287 Reg Type PAN Reg State MA Veh Year 2009 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
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				----- --- 99 4 99 0 0 10 1									
AKHDAR, SHAMIM 365 FANEUIL ST (apt 12) BRIGHTON, MA				--- --- F 11 99 4 99 0 0 10 1									

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Franklin St

Waverley Ave

NOT TO SCALE

→ N →

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:

The operator of vehicle 1 stated she was travelling southbound on Waverley Ave, when vehicle 2 went through the stop sign, and struck her vehicle on the rear passenger side. The operator of vehicle 2 stated that she was already out in the intersection trying to take a right hand turn. Operator 2 states that vehicle 1 was travelling at a high rate of speed, and that is why they crashed. I observed heavy damage to the front of vehicle 2, and heavy damage to the passenger side of vehicle 1. No one was injured. Today's towed both vehicles to their lot.

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

TIMOTHY ROCHE

NEWTON POLICE DEPT.

08/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date