

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/16/2019	Time of Crash 20:32 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 CHESTNUT ST Route# Direction Name of Roadway/Street At EAST BOYLSTON STREET 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 190000842		
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ALAMI AZZEDDINA Address 7 SHERMAN ST City NEEDHAM State MA Zip 02494 Insurance Company COMMERCE INSURANCE			Reg # 1RMG21 Reg Type PAN Reg State MA Veh Year 1998 Veh Make JEEP Veh Config. 1 20 Owner JOURDAN JAMES Address 187 SAINT MARY STREET City NEEDHAM State MA Zip 02494 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y								
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			1								
Operator See Above											
ALAMI, JANICE, M 181 ST MARY ST NEEDHAM, MA 024979			F 3 1 4 99 0 0 8 2 NWH								
Please Select One of the Following:			14								
<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type			Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St CT DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LASTER MICHAEL ELIJAH Address 19 RISTOL ROAD City NEW LONDON State CT Zip 06320 Insurance Company PROGRESSIVE DIRECT			Reg # AS90698 Reg Type PAS Reg State CT Veh Year 2015 Veh Make CHEVROLET 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 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled 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			1								
Operator/Non-Motorist See Above											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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 MV1 stated that he was traveling southbound on Chestnut Street, stopped at the stop sign, and then continued straight on Chestnut Street towards Needham. He then stated that MV2 came off the off ramp of Boylston Street and did not stop completely at the stop sign. MV1 subsequently t boned MV2.

The operator of MV2 stated that he was exiting Boylston Street in the Eastbound off ramp. He stated that he came to a complete stop at the stop sign and began inching out when he was struck by MV1. He also stated that he observed MV1 stop at the first stop sign but believed MV1 was going to stop at another stop sign under the bridge which is why he inched out so far.

Both operators were uninjured and signed patient refusals but the passenger of MV1 complained of arm and neck pain and was transported to Newton Wellesley Hospital by Cataldo.

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

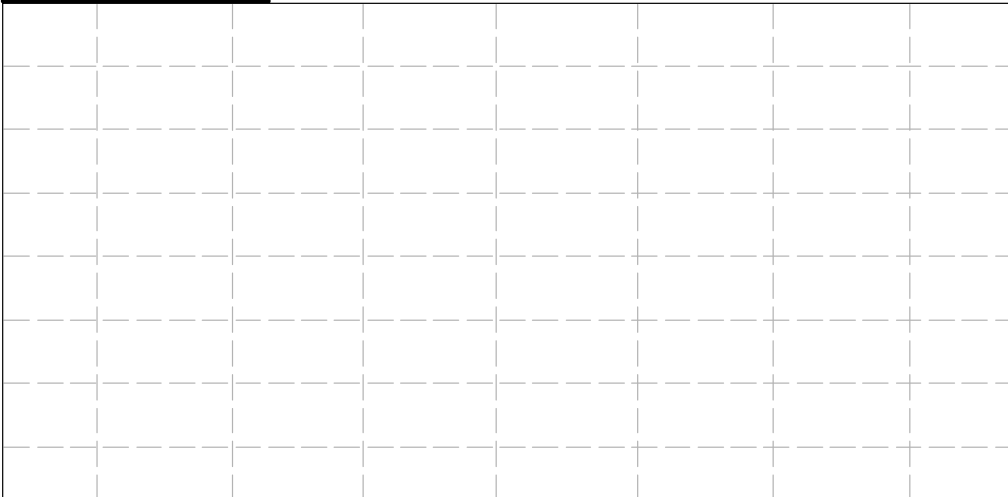
Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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on a Public Way:

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- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Todys arrived on scene and towed MV1 as both headlights were disabled and the operator accompanied his wife to the hospital.

Overall, MV1 sustained moderate damage to the front end and was towed while MV2 sustained moderate damage to the left drivers side but was able to be driven from the scene.

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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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

HAGAI BRANDON

30619

NEWTON POLICE DEPART

08/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date