

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 08/28/2019	Time of Crash 14:43 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 367 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000880	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MURADOV STEPAN Address 2251 WASHINGTON ST (apt. A) City NEWTON State MA Zip 02462 Insurance Company PROGRESSIVE			Reg # 5FR123 Reg Type PAN Reg State MA Veh Year 2006 Veh Make HYUNDAI Veh Config. 1 20 Owner BOLIO JENNIFER Address 20 FAIRBROOK RD City FRAMINGHAM State MB Zip 01701 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 1 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 _____							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility Operator See Above --- 1 4 4 0 0 10 1							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 3 # 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 M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator PERRY DANIEL Address 14 EMERSON RD City WATERTOWN State MA Zip 02472 Insurance Company AMICA			Reg # RS84NB Reg Type PAN Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 2 20 Owner PERRY MARIA Address 14 EMERSON RD City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 18 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 _____							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility Operator/Non-Motorist See Above --- 1 4 4 0 0 10 1							
MYLER, HARRISON, J			10 HARNDEN AVE WATERTOWN, MA 02472							
KARAGUESIAN, SARO			88 EVANS ST. WATERTOWN, MA 02472							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

367 california st

Unit 1

Unit 2

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 8-28-19 AT APPROX. 1443HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 367 CALIFORNIA ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON CALIFORNIA ST. WHEN VEHICLE #2 ENTERED THE TRAFFIC LANE AND HIT HIM ON THE RIGHT SIDE OF HIS VEHICLE. VEHICLE #2 STATES HE WAS PARKED IN FRONT OF 368 CALIFORNIA ST. AND WAS PREPARING TO ENTER THE TRAFFIC LANE GOING E-BOUND ON CALIFORNIA. DRIVER STATES AS HE ENTERED THE TRAFFIC LANE HE WAS UNABLE TO AVOID HITTING VEHICLE #1. BOTH DRIVERS STATED THERE WAS A LARGE BOX TRUCK PARKED BEHIND VEHICLE #2 AND THEY DID NOT SEE EACH OTHER UNTIL THEY CRASHED. VEHICLE #1 HAD RIGHT SIDE VEHICLE DAMAGE. VEHICLE #2 HAD LEFT FRONT END VEHICLE DAMAGE. ALL VEHICLES WERE STILL OPERATIONAL AND DID NOT REQUIRE TOWS. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

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

THOMAS P WALSH

NEWTON POLICE DEPT

08/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date