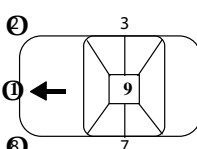


Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number		
Date of Crash 09/06/2019	Time of Crash 17:22 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			

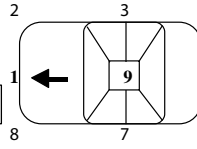
AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
16 WEST WASHINGTON ST Route# Direction Name of Roadway/Street At EAST BEACON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number <u>190000917</u>
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License # --- St <u>MA</u> DOB/Age --- Sex <u>M</u> Lic. Class <u>D 18 18</u> Lic. Restrictions <u>B 19</u> CDL _____ Operator <u>CORVESE MICHAEL A</u> Address <u>30 STAR LANE</u> City <u>N ATTLEBOROUGH</u> State <u>MA</u> Zip <u>02760</u> Insurance Company <u>COMMERCE INSURANCE</u>	Reg # <u>6LS325</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>HYUN</u> Veh Config. <u>1 20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1 21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1 22 22 22 22</u>  Most Harmful Event <u>1 23</u> Driver Contributing Code <u>1 24 24</u> Underride/Override <u>25</u> Towed <u>Y</u>
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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	-----	---	---	99	4	1	0	0	10	1	NONE

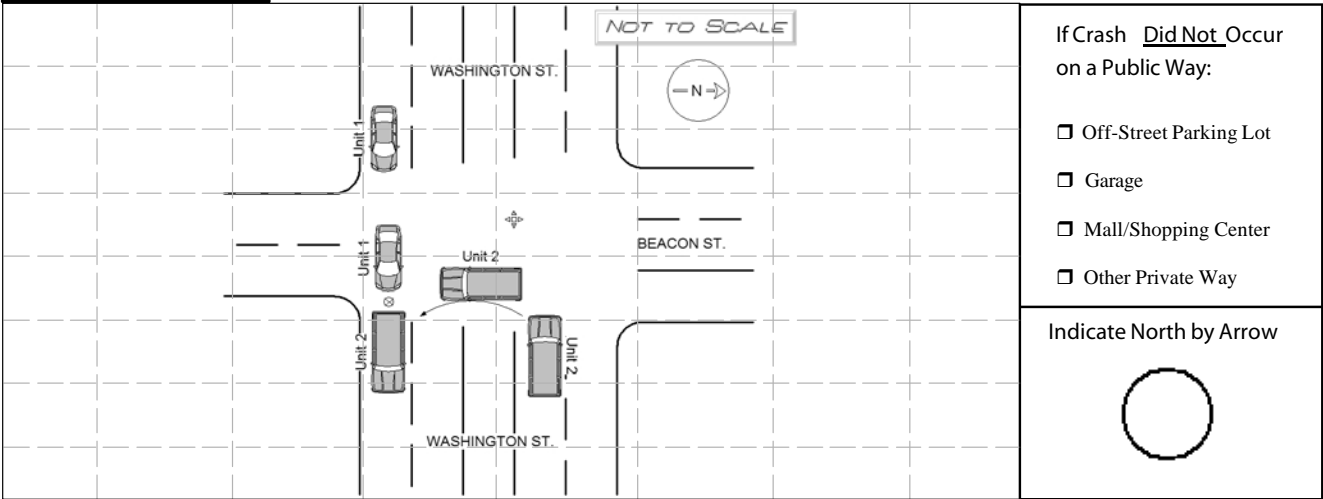
Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 <u>3</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>14</u>	Action <u>15</u>	Location <u>16</u>	Condition <u>17</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St <u>MA</u> DOB/Age --- Sex <u>F</u> Lic. Class <u>D 18 18</u> Lic. Restrictions <u>1 19</u> CDL _____ Operator <u>NAMIREMBE HAJARA</u> Address <u>36 UNDERWOOD PARK</u> City <u>WALTHAM</u> State <u>MA</u> Zip <u>02453</u> Insurance Company <u>SAFETY INSURANCE</u>	Reg # <u>1ML562</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2003</u> Veh Make <u>HOND</u> Veh Config. <u>1 20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>8 21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1 22 22 22 22</u>  Most Harmful Event <u>1 23</u> Driver Contributing Code <u>19 24 24</u> Underride/Override <u>25</u> Towed <u>N</u>
---	---

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	NONE
MUGISA, ISAAC		-----	M	3	99	4	99	0	0	10	1	NONE
JABAZI, RAPHAEL	36 UNDERWOOD PK WALTHAM, MA 02453	-----	M	6	4	4	99	0	0	10	1	NONE

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:



Crash Narrative:

OPMV#1 Was traveling Westbound on Washington St when they collided with the OPMV#2 at the intersection of Washington St and Beacon St.

OPMV#1 States he was traveling straight on Washington St when the OPMV#2 made a U-Turn from Washington St Eastbound onto Washington St Westbound and he had no time to stop before colliding with their vehicle.

OPMV#2 Was stopped at the intersection of Washington St and Beacon St facing Eastbound when a vehicle in the left lane (Westbound) side of Washington St was stopped to let her go. As the OPMV#2 was making a U-Turn she was struck from behind by the OPMV#1.

OPMV#2 States she thought she was clear to make a U-Turn when the other vehicle let her go and that's when the OPMV#1 collided with the back of her car in the right lane (Westbound) side of Washington St.

(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

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

REID LARSON

NEWTON POLICE DEPART

09/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

