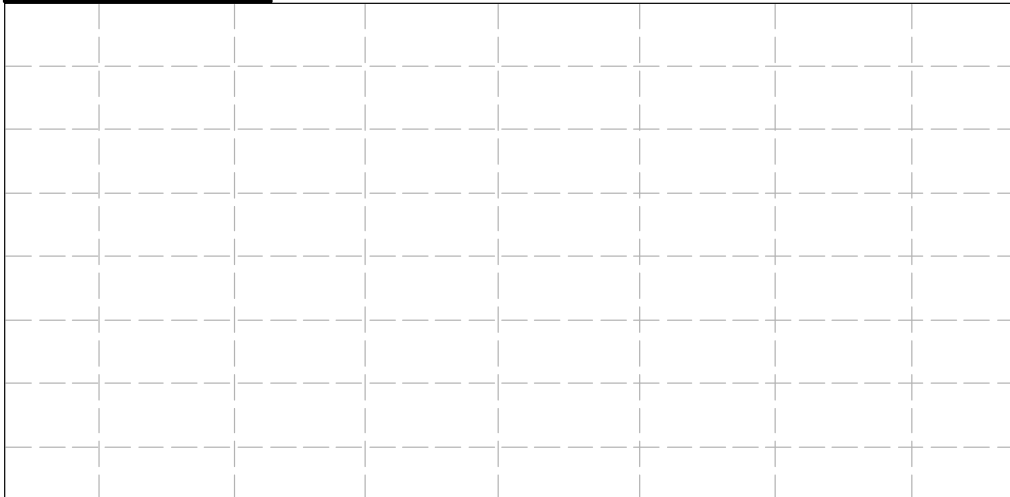


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 09/14/2019	Time of Crash 17:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div>WESTWASHINGTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTHCENTRE ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000942					
License # --- St MA DOB/Age ---			Reg # 5ZMZ20		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2011		Veh Make NISS		Veh Config. 1 20					
Operator DISSLER BRETT Last First Middle			Owner DISSLER KELLY Last First Middle		A							
Address 1461 PAWTUCKET BLVD			Address 1461 (apt. E3) PAWTUCKET BLVD									
City LOWELL State MA Zip 01854			City LOWELL State MA Zip 01854									
Insurance Company SAFTEY INS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23		1 9		5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8							
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		0 0 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 checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped									
License # --- St MA DOB/Age ---			Reg # 8YB861		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2018		Veh Make DODG		Veh Config. 1 20					
Operator ALIKULOVA MOKHINUR Last First Middle			Owner EAN HOLDINGS LLC Last First Middle									
Address 50 CAREY AVE			Address 14002 (apt. 1500) EAST 21ST ST									
City WATERTOWN State MA Zip 02472			City TULSA State OK Zip 74134									
Insurance Company SAFECO INS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) T2015370			Most Harmful Event 1 23		1 9		5 11 Totaled					
Violation 1: Ch 89/9 Sec Violation 2: Ch 90/24/C Sec			Driver Contributing Code 3 24 4 24		8							
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		0 0 10 1			

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

criminal application (T2014370).

See incident report # 19043731 for more information.

Opr of V2 is being charged with the following:

MGL 90/24 Leaving the Scene of an Accident

MGL 89/9 Red Light Violation

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

DANIEL ANDERSON

32456

NEWTON POLICE DEPART

09/14/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date