

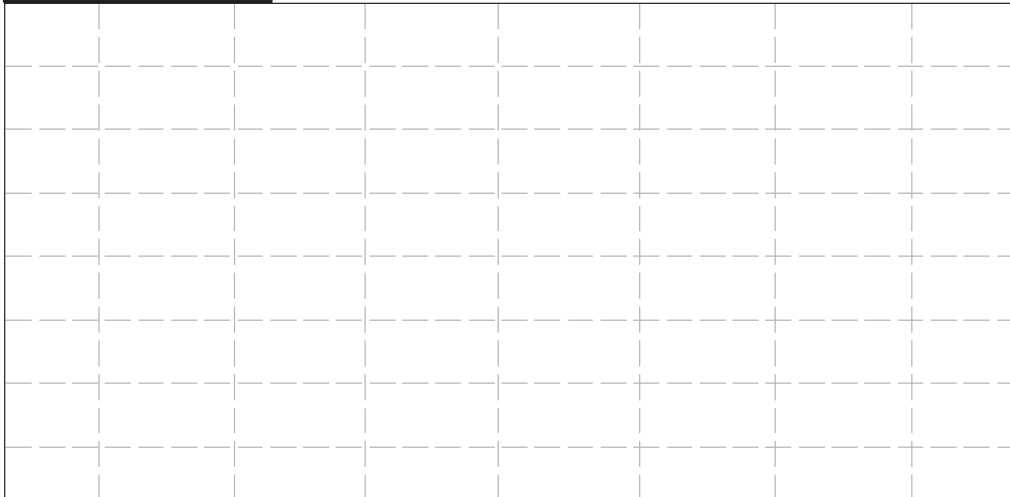
Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																								
Date of Crash 09/28/2019	Time of Crash 15:14 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> Latitude _____ 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:																																																								
NORTH ALBEMARLE RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ WEST CRAFTS ST 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ 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 _____																																																												
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License # _____ St MA DOB/Age _____ Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____ Operator PONTES JUSSARA M Address 65 HANCOCK STREET City BRAINTREE State MA Zip 02184 Insurance Company ARBELLA			Reg # 4GX777 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 2 Owner KEZIRIAN STEPHEN Address 24 WABAN AVENUE City NEWTON State MA Zip 02468 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 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled																																																												
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Please fill out for operator and all occupants involved			<table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td>N/A</td></tr><tr><td>KEZIRIAN, ADELINE</td><td>28 WABAN AVENUE NEWTON, MA 02468</td><td>-----</td><td>F</td><td>6</td><td>4</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td>N/A</td></tr><tr><td>KEZIRIAN, CORA</td><td>28 WABAN AVENUE NEWTON, MA 02468</td><td>-----</td><td>F</td><td>4</td><td>4</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td>N/A</td></tr></tbody></table>									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	99	0	0	10	1	N/A	KEZIRIAN, ADELINE	28 WABAN AVENUE NEWTON, MA 02468	-----	F	6	4	4	99	0	0	10	1	N/A	KEZIRIAN, CORA	28 WABAN AVENUE NEWTON, MA 02468	-----	F	4	4	4	99	0	0	10	1	N/A
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MICHAEL R GAUDET			NEWTON POLICE DEPARTM		09/28/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					



→ 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:

Crafts Street with it's front wheel/handlebar facing Crafts Street. The motorcycle had moderate damage to it's left side from the impact of MV1 crashing into it. The right side of the motorcycle had damage from sliding on the roadway and the crashing into a fence on the sidewalk on Crafts Street (W) at Albemarle Road. There was also damage to the front headlight/right handlebar area. The motorcycle and Toyota Sienna were towed from the scene by Tody's towing at Sgt. Lee's request. Pictures were taken of the scene and submitted to the IT Bureau.

I spoke with Pistoftzian at Brigham and Women's Hospital in Boston on Monday, September 30, 2019. Pistoftzian stated she was operating her motorcycle on Crafts Street (W). Pistoftzian stated as she approached the intersection of Crafts Street and Albemarle Road, she observed a mini van to her left out of

(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

MICHAEL R GAUDET

NEWTON POLICE DEPT

09/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

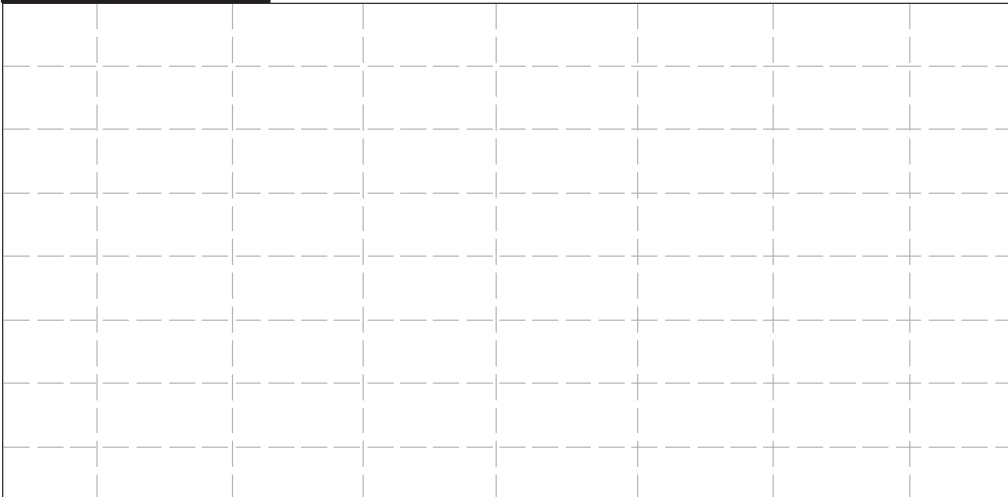
Precinct/Barracks

Date

→ 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:

her peripheral. Pistoftzian stated she remembers being hit on her left side and then laying on the roadway looking up at the sky on the sidewalk with her head facing Albemarle Field. Pistoftzian stated as a result of the crash she has a significant injury to her left leg and also has an injury to her left wrist/arm. Pistoftzian stated she was wearing a helmet at the time of the crash.

I spoke with Kymberley Mitchell via telephone who stated she witnessed the crash. Mitchell stated she was traveling behind the motorcycle involved in the crash on Craft Street (W) at North Street. Mitchell stated they were stopped at a red light at this time. Mitchell stated there were no vehicles in front of the motorcycle at the light. Mitchell stated the light turned green and they continued on Crafts Street at a low rate of speed. Mitchell stated she could see ahead at the intersection of Albemarle Street

(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

MICHAEL R GAUDET

NEWTON POLICE DEPT

09/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

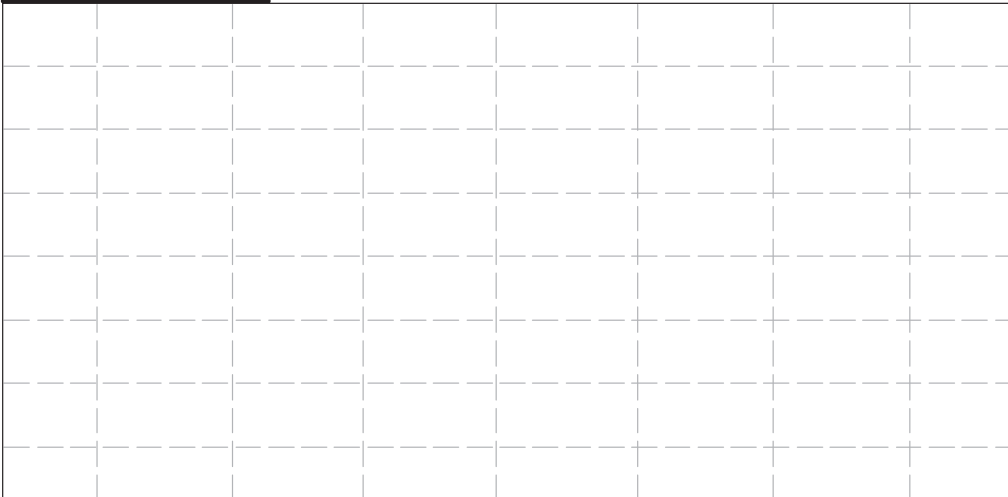
Precinct/Barracks

Date

→ 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:

and Crafts Street, traffic was stopped on Crafts Street (E) letting traffic exit Albemarle Road (N). Mitchell stated vehicles were taking left and right turns out of Albemarle Road before the motorcycle reached the intersection. Mitchell stated a mini van was crossing past the double yellow line of Crafts Street to continue straight when it crashed into the left side of the motorcycle.

I spoke with Cheryl Wermer via telephone who stated she witnessed the crash. Wermer stated she was traveling on Crafts Street (E) towards Albemarle Road. Wermer stated traffic ahead of her was stopped to allow vehicles to turn off of Albemarle Road. Wermer stated she observed a motorcycle traveling towards her on Crafts Street (W). Wermer stated she then saw a vehicle travel straight from Albemarle Road across Crafts Street and crash into the motorcycle. Wermer stated the operator of the motorcycle flew off

(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

MICHAEL R GAUDET

NEWTON POLICE DEPT

09/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Material Name\_\_\_\_\_ Material 4 digit #\_\_\_\_\_ Release code\_\_\_\_\_

CDP1 11 -24:00