

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/07/2019		Time of Crash 17:43 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9	
Route# Direction Name of Roadway/Street At				EAST 743 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10 11 3	
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001150					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator MOORADIAN EMMMA Address 190 CHAPEL ST City NEWTON State MA Zip 02548 Insurance Company LIBERTY MUTUAL INS				Reg # 708LVT Reg Type PAN Reg State MA Veh Year 2005 Veh Make TOYT Veh Config. 1 20 Owner MOORADIAN MARY S Address 190 CHAPEL ST City NEWTON State MA Zip 02458 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								12	
Please fill out for operator and all occupants involved												13	
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												1	
Operator See Above													
MOORADIAN, MARY, S 190 CHAPEL ST NEWTON, MA 02458													
MOON, DOMINIC 24 RALPH ST WATERTOWN, MA													
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator COBOS ERICKA Address 41 CIRCUIT AVE E City WORCESTER State MA Zip 01603 Insurance Company LIBERTY MUTUAL INS				Reg # 9HA159 Reg Type PAN Reg State MA Veh Year 2019 Veh Make LEX Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed Y								13	
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													

Crash Narrative:

Opr of V1 stated she was driving east on Washington Street. Opr of V1 stated while she was driving she noticed a dark SUV trying to turn or change lanes. At this time, Opr of V1 could not stop and made contact with V2.

Opr of V2 was attempting to change lanes. Opr of V2 stated she did not see how close V1 was and once it was too late she made contact with V1.

V1 had damage and was not towed. V2 was damaged and towed by Todys's.

Opr of V2 was not injured, but was transported due to being pregnant.

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

DANIEL ANDERSON		32456	NEWTON POLICE DEPT		11/07/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					