

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/14/2019	Time of Crash 10:05 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	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:			
1 1			SOUTH ST JAMES ST Route# Direction Name of Roadway/Street At EAST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				2 9 10 11 2 12			
2 2										
3			<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 190001171							
4 3			License # --- St MA DOB/Age --- Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator SHABANIAN NICHOLAS Address 42 JUDKINS ST City NEWTON State MA Zip 02460 Insurance Company SELF INSURED Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # M2533A Reg Type MVN Reg State MA Veh Year 2016 Veh Make FRHT Veh Config. 13 20 Owner CITY OF NEWTON Address 110 CRAFTS 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 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N			
5 1							10 Undercarriage 5 11 Totaled			
6 1										
7 4			Please fill out for operator and all occupants involved				13 1			
			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
			Operator See Above ----- --- 99 4 4 0 0 10 1							
8 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
			License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator HODIN SARAH M Address 42 TUDOR ST City WALTHAM State MA Zip 02451 Insurance Company LM GENERAL Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 1ADB47 Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20 Owner KRINSKY SCOTT ANDREW Address 42 TUDOR ST City WALTHAM State MA Zip 02451 Vehicle Action Prior to Crash 2 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 N			
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			Please fill out for operator and all occupants involved							
			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
			Operator/Non-Motorist See Above ----- --- 99 4 4 0 0 10 1							

→ 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:

On Thursday November 14th, 2019 at approximately 1005 hours while working in unit N526, I responded to the area of St. James Street and Washington Street for a motor vehicle accident involving a City of Newton DPW truck. Both St. James Street and Washington Street are owned and maintained by the City of Newton. At the time of the accident the weather conditions were cloudy and the road surface was dry.

The operator of MV1 identified as Nicholas Shabanian (S36948722) stated he was operating a City of Newton dump truck MA REG: M2533A and was travelling southbound on St. James Street merging onto Washington Street. Nicholas stated MV2 made a sudden stop at the red light on Washington Street, and he was unable to stop the truck in time and made contact with the rear end of MV2. Nicholas was not injured and MV1 sustained no visible damage.

(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

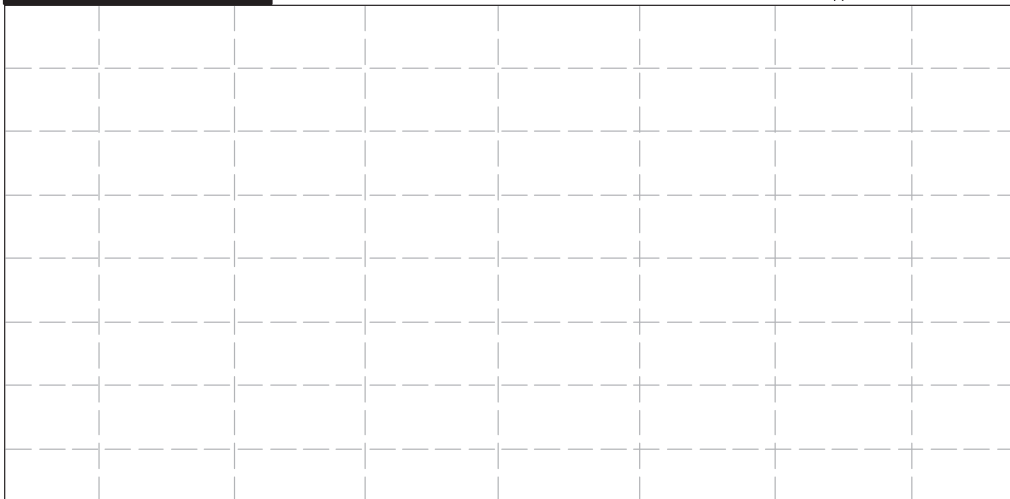
Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ 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:

The operator of MV2 identified as Sarah Hodin (S29245836) stated she operating a 2013 Toyota Camry MA REG: 1ADB47 and was stopped at the red light on St. James Street and Washington Street. Sarah stated while she was stopped MV1 struck her vehicle from behind. Sarah was evaluated by AMB2 and signed a patient refusal. MV2 sustained minor damage to the rear end and bumper. Pictures of the accident were taken and submitted to the IT Bureau.

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Registration # _____ (From Vehicle Section)

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Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ANDREA M FERGUSON

NEWTON POLICE DEPT

11/14/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date