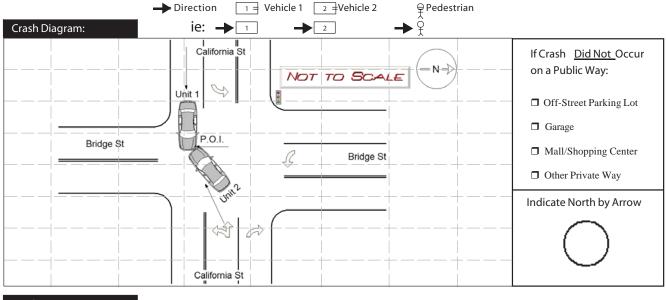
EAST CALIFORNIA ST  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet N S E W of  Route# Direction Name of Intersecting Roadway/Street  Feet N S E W of  Route# Intersecting Roadway/Street  Landmark   License# St MA DOB/Age Reg # 4XV617 Reg Type PAN Reg State MA  Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2014 Veh Make MERCEDES Veh Config. 1 20  Operator CLEARY RICHARD Endorsment  Operator CLEARY RICHARD First Middle Address  City WALTHAM State MA Zip 02453 City State Zip Damaged Area Code: (Circle Up to Three)  Insurance Company UNITED SERVICES AUTOMOBILE ASSOCIATION Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		Poli	ice Use Only		Com	ımonwe	alth	of Mass	ach	use	etts			RM	V Doci	umen	t Number	
AT INTERSECTION:   COLOR   COLOR				1	Γown	Moto	r Vel	nicle Cr	ash							St	tate Police	N X
SOUTH   BRIDGE ST   Name of Roadway/Stock   Name of Boadway/Stock   Name of Roadway/Stock   Name of Intersecting Roadway/Stock   Fort   N   E   W   of   Roadway/Stock   Name of Intersecting Roadway/Stock   Fort   N   E   W   of   Roadway/Stock   Name of Intersecting Roadway/Stock   Fort   N   E   W   of   Roadway/Stock   South Intersection with   Fort   N   E   W   of   Roadway/Stock   Fort   N   E   W   of   Roadway/Stock   South Intersecting Roadway/Stock   Fort   N   E   W   of   Roadway/Stock   Fort   N   E   W   of   Roadway/Stock   South Intersecting Roadway/Stock   Fort   N   E   W   of   R		12/23/2019				P	olice	Report								O	ther:	
Name of Kondway/Street			AT INTER	RSECTION	•	<	LOCA	TION	>			NO	ГАТ	INT	ERSI	ECT	ION:	⊒
EAST CALHORNIA ST Route® Direction  Name of Intersecting Roadway/Street  The Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  The		SOU	TH BRIDG	E ST														$\vdash$
EAST CALHORNIA ST Route® Direction  Name of Intersecting Roadway/Street  The Intersecting Roadway/Street  Route® Direction  Name of Intersecting Roadway/Street  The	1 1	Route# Direction Name of Roadway/Street													_			
Also at latersecting Roadway/Street  Also at latersecting Roadway/Street  Feet NSEN of Roadway/Street								Feet NSEW of or								-		
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Secondary   Seco	1	Route# Direct	tion	Name of Inter	secting Roadw	av/Street									_			
Class   Fig.   Company   Sim   Many   Month	3			T T	<del>-</del> -	<del>.</del>								La	Landmark			
Sex M   Lic Class   D   18   18   Lic Restrictions   1   9   CDL   Veh Year 2014   Veh Make MERCEDES   Veh Config.   1   20		XVehicle1	2_#Occupants	Hit/Ru	n M	oped Cas	se Number	r		190000	01329							
Sex M. Lic. Class D. Lic. Restrictions 1 CDL. Veh Year 2014 Veh Make MERCEDES Veh Config. 1  Operator CLEARY RICHARD  Operator Same as operator)  Owner (Same as operator)  Ow		License#		St_	MA DOB/A	ge	_ Reg#	4XV617				Reg T	pe_PA	N	Re	g Stat	e_MA	
Operator CLEARY RICHARD  State Sequence		Sex M Lic. 0	Class D 18 1				Veh Y	Year 2014	V	eh Ma	ke ME	RCEDI	ES		Veh C	Config		
Address 27 MOODY ST (apt. 370) City WALTHAM State MA Zip 02453 City WALTHAM MA 02455 CIT	4					Endorsment		sr (Same as op	erator)						_			
City WALTHAM	3	Address 237 M	Last MOODY ST (apt.	First . 370)		Middle		L	ast						Mid	dle		_
Insurance Company UNITED SERVICES AUTOMOBILE ASSOCIATION Vehicle Travel Direction: N S W Responding to Emergency? N Vehicle Travel Direction: N S W Responding to Emergency? N Vehicle Travel Direction: N S W Responding to Emergency? N Vehicle Travel Direction: N S W Responding to Emergency? N Vehicle Travel Direction: N S W Responding to Emergency? N Vehicle Travel Direction: N S W Responding to Emergency? N Vehicle Travel Direction: N S E W Responding to Emergency? N Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  1 21					State MA 7	in 02453										7in		-
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Venice fraver Directions   N   N   N   N   N   N   N   N   N	5								22		1		Ü			•	ie op to rin	
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Violation 3: Ch		,					Most	Harmful Event	1		<b>M</b>	24 1	<b>←</b>	9				inige
Please fill out for operator and all occupants involved	6	Violation	1: ChSec	C Violati	on 2: Ch	Sec	Drive	r Contributing (	Į	1					$\mathcal{L}$	)		
Operator	<u>1</u>						Unde	rride/Override				<u>N</u>		-				
Operator				ator and all oc	cupants invol		26   27   28   29   30   31   32   33     Seat Safety Airbag Airbag Eject Trap Injury Transp.   Age/DOB   Sex   Pos. \$\frac{1}{2}\system \text{Status Whitch Code Code \$\frac{1}{2}\status \text{Code} \text{ Medical Facility}							ity				
CLEARY, JOAN		· ·	,		:													
Please Select One of the Following:  License # — St MA DOB/Age — Reg # 1ATV38 Reg Type PAN Reg State MA  License # — St MA DOB/Age — Reg # 1ATV38 Reg Type PAN Reg State MA  Sex F Lic. Class 99		CLEARY, JOA	N			٠.	)		F	3 1 4 99 0 0 10 1								
Action   Location   Condition   Hit/Run   Moped					, <b>, , , , , , , , , , , , , , , , , , </b>	111 02100												
Action   Location   Condition   Hit/Run   Moped																		
Action   Location   Condition   Hit/Run   Moped																		
Sex_F_Lic. Class   99   18   18   Lic. Restrictions   1   19   CDL   Veh Year 2008   Veh Make TOYOTA   Veh Config.   1   20    Operator   IMAMALIYEVA   GULNAR   Endorsment   Owner (Same as operator)   Last   First   Middle   Address   Age/DOB   Sex   Pos   System Status Switch   Code   Code   Status   Code   Medical Facility   Address   Age/DOB   Sex   Pos   System Status Switch   Code	2		IX Vahida	2 <u>1</u> #Occup	ants Nor	n-Motorist A T	Type		15 Lo	ocation	1	Cond	lition	17	Ō	Hit/Ru	ın Mop	oed
Sex F Lic. Class 99 Lic. Restrictions 1 CDL Veh Year 2008 Veh Make TOYOTA Veh Config. 1  Operator IMAMALIYEVA GULNAR Operator Address 41 GORDON STREET (apt. 2)  City ALLSTON State MA Zip 02134 City State Zip Insurance Company LIBERTY MUTUAL Vehicle Travel Direction: N S E Responding to Emergency? N  Citation # (If Issued) T2012157  Violation 1: Ch 89/8 Sec Violation 2: Ch 90/10/A Sec Driver Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2		License#					_ Reg#	Reg # 1ATV38 Reg Type_1					pe_PA	PAN Reg State MA				_ ]
Operator IMAMALIYEVA GULNAR    Company List   First   Middle		Sex_F_ Lic. 0	Class 99 18 1			CDL	_ Veh Y	Year 2008	V	eh Ma	ke_TO	YOTA			_Veh C	Config		
Address 41 GORDON STREET (apt. 2)  City ALLSTON State MA Zip 02134 City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEN Responding to Emergency? NSEC Violation 1: Ch 89/8 Sec Violation 2: Ch 90/10/A Sec Driver Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2	8	Operator IMA	AMALIYEVA				_ Owne	er (Same as op	erator)									
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Insurance Company LIBERTY MUTUAL  Vehicle Action Prior to Crash  Vehicle Action Prior to Cras					State MA Z	in 02134								State		Zin		_
Vehicle Travel Direction: NSEN Responding to Emergency? N  Citation # (If Issued) T2012157  Wiolation 1: Ch 89/8 Sec Violation 2: Ch 90/10/A Sec Driver Contributing Code 4 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Medical Facility  Vehicle Action Prior to Clash 4 2 22 22 22 22 22 22 22 22 22 22 22 22		'					-				. 21	_						ee)
Veincie Haver Direction.  Vent Sequence 1  Citation # (If Issued) T2012157  Most Harmful Event 1  Violation 1: Ch 89/8 Sec Violation 2: Ch 90/10/A Sec Driver Contributing Code 4  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Medical Facility  Vent Sequence 1  10 Undercarriage 5  11 Totaled  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Medical Facility		Vehicle Travel Direction: NSEX Responding to Emergency? N									22					•	~	
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Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch  Code Code Status Code Medical Facility	ı						Unde	rride/Override		Т		<u>N</u>	0 20	) 21	32			
Operator/Non-Motorist         See Above				operator and	all occupants			Age/DOB	Sex		Safety A System	irbag Air Status Sw	pag Ejec	t Trap	njury	Γransp.	Medical Faci	ility
		Operator/	Non-Motorist		5	See Above					1	4 99	0	0	10	1		
													-		+			



## Crash Narrative:

On 12/23/19 at 12:06 hours, I came across a two car motor vehicle accident that already occurred at California Street and Bridge Street. No injuries reported. Both streets are public ways and maintained by the City of Newton.

Operator of M/V # 1 states he was traveling straight ahead (EB) on California Street through the intersection at Bridge Street. He states that he had the green light signal and attempted to drive through when he was struck by M/V # 2 on his front bumper on the driver's side. He further says that M/V # 2 was attempting to take a left turn on to Bridge Street at the time of the accident. I observed moderate damage to the driver's side front bumper/quarter panel area but the vehicle was still driveable.

Operator of  $exttt{M/V}$  # 2 states through translation by her husband (Huseyn Imamaliyev) she was operating

Operator or M/V # 2 states	- chilough cransi	acton by ne	I ilusballu (lluse	yıı ımama	ттуе	ev) she was (	peracing	
(Continued of	on next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	cription of Damage	ed Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)				
Carrier Name						Carrier Issuir	ng Authority Cod	35 le
Address			City			St	_ Zip	
US DOT#:	_State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L	ength 39		
Hazmat Information:								
Placard 40 Material 1 digit	# 41 Material Na	ime		Material 4	digit #	ŧ	Release code	42
IEREMY L WILSON		2522	7 NEWTO	N POLICE DEPART	· ·		12/23/2	019

•	→ Direction 1	Vehicle 1	2 ≠Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚 1	<b>→</b>	2	Ŷ			
				<u> </u> 		ash <u>Did Not</u> Oo Public Way:	ccur
					<b>a</b> o	ff-Street Parking I	Lot
		 				arage	
			į	į		Iall/Shopping Cen	iter
						ther Private Way	
				+	Indic	ate North by Arr	row
						$\bigcirc$	
Crash Narrative:  (WB) on California Street	and was attemp	ting to take	a left turn th	rough th	e intersection	on to Bridge	
Street. She says that sh	e stopped first	and then att	tempted to turn	left an	d that is when	M/V# 1 crashe	ed in
to her. I observed minor	damage to the	middle front	bumper/registr	ation pl	ate area.		
Based on the locations ar	d damage to the	vehicles, it	appears that	the oper	ator of M/V #	2 did not yie	eld the
right of way when turning	left on to Brid	dge Street.	The operator o	of M/V #	2 (Gulnar Imama	liyeva MA ID	#
SA1320134) also could not	provide a drive	er's license	to operate a m	otor veh	icle in Massach	usetts. A qu	uery
of her revealed that she	only had a Mass	achusetts ide	entification.	She was	issued MA Unifo	rm Citation #	#
T2012157 for Ch. 89/8 Fai	l to Yield Righ	t of Way When	Turning Left	and Ch.	90/10 Operating	a M/V Withou	ıt a
License.							
(Continued	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	9	Statement
Property Damage:		-			-		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property	
Truck and Bus Information:	Registration #		(From Vehi	icle Section)			35
Carrier Name					Carrier Issui	ng Authority Code	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		_ Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39		
Hazmat Information:  Placard  Material 1 digi	t # 41 Material N	Vame		Material 4 o	ligit #	Release code	42
JEREMY L WILSON		2522	7 NEWTO	ON POLICE DEPARTM		12/23/201	9

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

Frome   From	-	Direction 1	∃ Vehicle 1 2	_≠Vehicle 2	Pedestria	an		
If Crash   Did Not Occur   On a Public Way:   Offisher Parking Lot	Crash Diagram:	ie: → 1	2	□ →	<b>₽</b>			
Witnesses: Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Carrier Name  Carrier Name  Carrier Sating Authority Code  Address  City  Salage  LICC#  Interstate  Salage  Cargo Body Type Code  Trailer Reg #:  Facer Type  Reg State  Reg Year  Trailer Length  Address  Reg #:  Facer Type  Reg State  Reg Year  Trailer Length  Address  Release code  Address  Address  Release code  Address  Reg Year  Release code  Address  Reg Year  Release code  Address  Reg Year  Reg						on a l	Public Way: f-Street Parking arage all/Shopping Cer her Private Way	Lot
Witnesses: Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Carrier Name  Carrier Name  Carrier Sating Authority Code  Address  City  Salage  LICC#  Interstate  Salage  Cargo Body Type Code  Trailer Reg #:  Facer Type  Reg State  Reg Year  Trailer Length  Address  Reg #:  Facer Type  Reg State  Reg Year  Trailer Length  Address  Release code  Address  Address  Release code  Address  Reg Year  Release code  Address  Reg Year  Release code  Address  Reg Year  Reg								
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Witnesses: Name (Last, First, Middle) Name (Last	Crash Narrative:							
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:  Carrier Name  Carrier Issuing Authority Code  Address  City  St  Zip  US DOT #:  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 Type  Reg State  Reg Year  Trailer Length  39  Hazmat Information:  Placard  40  Material 1 digit # 41  Material Name  Material 4 digit # Release code  42  JEREMY L WILSON  25227  NEWTON TOLICE DEFAIN  11/23/2019	See Incident Report # 190	56055 for furthe	er information	n.				
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:  Carrier Name  Carrier Issuing Authority Code  Address  City  St  Zip  US DOT #:  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 Type  Reg State  Reg Year  Trailer Length  39  Hazmat Information:  Placard  40  Material 1 digit # 41  Material Name  Material 4 digit # Release code  42  JEREMY L WILSON  25227  NEWTON TOLICE DEFAIN  11/23/2019								
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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:  Carrier Name  Carrier Issuing Authority Code  Address  City  St  Zip  US DOT #:  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 Type  Reg State  Reg Year  Trailer Length  39  Hazmat Information:  Placard  40  Material 1 digit # 41  Material Name  Material 4 digit # Release code  42  JEREMY L WILSON  25227  NEWTON TOLICE DEFAIN  11/23/2019								
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Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #			Address			Phone #		Statement
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #								
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Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #								
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Truck and Bus Information:  Registration #				T				
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Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 88  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:  Placard 40 Material 1 digit # Material Name Material 4 digit # Release code 42  JEREMY L WILSON 25227  NEWION POLICE DEPARTM 12/23/2019		_		(110111 VCI	, ,	Carrier Iccuin	g Authority Code	35
US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 88  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  JEREMY L WILSON 25227  NEWION POLICE DEPARTM 12/23/2019	<del></del>							
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  JEREMY L WILSON 25227 NEWION POLICE DEPARTM 12/23/2019	Address			City		St	Zip	
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  JEREMY L WILSON 25227 NEWTON POLICE DEPARTA 12/23/2019	US DOT #:	_State Number		_ Issuing State	ICC #:		Interstate	36
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Trailer Reg #: Reg Type Reg State Reg Year Trailer Length           Hazmat Information:           Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42           JEREMY L WILSON         25227 NEWTON POLICE DEPARTM         12/23/2019	Cargo Body Type Code Gr	oss Vehicle Weight				30		
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	IEREMY I WILSON		25227	BIUTAFI	TON POLICE DEPARTS		12/23/20	19
		Signature				Precinct/Rarracl		

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