

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/23/2019	Time of Crash 12:04 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
SOUTH BRIDGE ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
EAST CALIFORNIA ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street								
			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001329		
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 Endorsment			Veh Year 2014 Veh Make MERCEDES Veh Config. 1 20								
Operator CLEARY RICHARD Last First Middle			Owner (Same as operator) Last First Middle								
Address 237 MOODY ST (apt. 370)			Address								
City WALTHAM State MA Zip 02453			City State Zip								
Insurance Company UNITED SERVICES AUTOMOBILE ASSOCIATION			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued)			Most Harmful Event 1 23			1 9			10 Undercarriage 5 11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			7 6					
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 99 0 0 10 1								
CLEARY, JOAN 237 MOODY STREET (apt 370) WALTHAM, MA 02453			F 3 1 4 99 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # --- St MA DOB/Age ---			Reg # 1ATV38 Reg Type PAN Reg State MA								
Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20								
Operator IMAMALIYEVA GULNAR Last First Middle			Owner (Same as operator) Last First Middle								
Address 41 GORDON STREET (apt. 2)			Address								
City ALLSTON State MA Zip 02134			City State Zip								
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued) T2012157			Most Harmful Event 1 23			1 9			10 Undercarriage 5 11 Totaled		
Violation 1: Ch 89/8 Sec Violation 2: Ch 90/10/A Sec			Driver Contributing Code 4 24 24			8 7 6					
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 99 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

California St

Bridge St

Unit 1

P.O.I.

Unit 2

NOT TO SCALE

→ N →

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 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 M/V # 2 states through translation by her husband (Huseyn Imamaliyev) she was operating

(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

JEREMY L WILSON	25227	NEWTON POLICE DEPT	12/23/2019
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:

(WB) on California Street and was attempting to take a left turn through the intersection on to Bridge Street. She says that she stopped first and then attempted to turn left and that is when M/V# 1 crashed in to her. I observed minor damage to the middle front bumper/registration plate area.

Based on the locations and damage to the vehicles, it appears that the operator of M/V # 2 did not yield the right of way when turning left on to Bridge Street. The operator of M/V # 2 (Gulnar Imamaliyeva MA ID# SA1320134) also could not provide a driver's license to operate a motor vehicle in Massachusetts. A query of her revealed that she only had a Massachusetts identification. She was issued MA Uniform Citation # T2012157 for Ch. 89/8 Fail to Yield Right of Way When Turning Left and Ch. 90/10 Operating a M/V Without a License.

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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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

12/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

