

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/14/2020	Time of Crash 07:42 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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:					
<div><div>EAST</div><div>FRANKLIN ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>WAVERLEY AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000050			
License # --- St MA DOB/Age ---			Reg # 1YV567		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017		Veh Make MINI		Veh Config. 1 20			
Operator ORKIN ILYA			Owner FINANCIAL		SERVICE VEHICLE					
Address 280 BOYLSTON STREET (apt. 707)			Address 5550 BRITTON PKWY							
City CHESTNUT HILL State MA Zip 02467			City HILLARD		State OH		Zip 43026			
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		0 1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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			-----		--- --- 99 2 4 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # 9WW295		Reg Type PAN		Reg State MA			
Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2004		Veh Make TOYOTA		Veh Config. 1 20			
Operator SOUZA IVONILDE KELEY			Owner (Same as operator)							
Address 223 ELM ST			Address _____							
City EVERETT State MA Zip 02419			City _____		State _____		Zip _____			
Insurance Company OCCIDENTAL FIRE AND CASUALTY COMPANY O			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		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 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			-----		--- --- 99 4 4 0 0 10 1					
OBASEKI, ELLA			18 JAMESON ROAD NEWTON, MA 02458		F 4 4 4 4 0 0 10 1					
OBASEKI, AIDEN			18 JAMESON AVE NEWTON, MA 02458		M 6 4 4 99 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Franklin Street

Waverley Ave

MV #1

MV #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:

Oper of Veh #1 stated he was traveling NB on Waverley Ave, MV # 2 was crossing Waverley Ave at Franklin Street. Oper # 1 stated he didn't have time to stop and didn't see the car until it was too late.

Oper of MV # 2 tried to get across Waverley Ave. and was struck by MV #1.

Two children in the car with their nanny.

Mother responded (alana Obaseki, 646-425-1139, 3/1/78) and signed refusal.

MV # 1 was towed by Tody's

All parties signed refusals with medics.

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 D BOUDREAU NEWTON POLICE DEPART 01/14/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00