

Police Use Only			Commonwealth of Massachusetts				RMV Document Number														
Date of Crash 04/25/2020	Time of Crash 10:07 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				29										
Route# Direction Name of Roadway/Street At			EAST 850 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street								210										
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N][S][E][W] of _____ Mile Marker or Exit Number								11										
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of Route# Intersecting Roadway/Street				Landmark				2										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000279												
License # --- St MA DOB/Age ---			Reg # 6BB847 Reg Type PAN Reg State MA			Veh Year 2004 Veh Make HONDA Veh Config. 1 20					12										
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner (Same as operator)			Address					1										
Operator CARDONA BYRON Last First Middle			Address			City State Zip															
Address 11 FELTON ST (apt. 9)			City WALTHAM State MA Zip 02453			Insurance Company OCCIDENTA FIRE & CASUALTY															
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Vehicle Action Prior to Crash 2 21			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)												
Citation # (If Issued) T2080057			Most Harmful Event 1 23			Driver Contributing Code 97 24 24			Underride/Override 25 Towed N												
Violation 1: Ch 90/10/A Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 11 Toted															
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	
Operator			See Above			---			---			99	4	4	0	0	10	1			
CHINCHILLA, ENDER, EVI			9 FELTON ST (apt A) WALTHAM, MA 02453			---			M			3	99	4	4	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 --- DOB/Age ---			Reg # JMM9192 Reg Type PAN Reg State NY			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20															
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment			Owner (Same as operator)			Address			City State Zip			Vehicle Action Prior to Crash 1 21			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)			
Operator HASANGLIYEV ILGAR Last First Middle			Address			City W. ROXBURY State MA Zip 02132			Insurance Company PROGRESSIVE ADVANCED			Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Citation # (If Issued) T2080058			Violation 1: Ch 90/10/A Sec Violation 2: Ch Sec			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			10 Undercarriage 11 Toted															
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			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

Morseland Ave Morton St

Crosswalk

850 Commonwealth Ave

Commonwealth 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:

The operator of MV#1 stated he was travelling eastbound on Commonwealth Ave and had stopped for crossing pedestrians at the crosswalk at the intersection of Morton St when he was struck from behind by MV#2. MV#1 sustained moderate rear end damages. There were no reported injuries to the operator of MV#1 or its front passenger. The operator of MV#1 did not have a driver's license in possession and was never issued a license in Massachusetts. The operator of MV#1 is a native of Guatemala and stated he did not have a Guatemalan driver's license either. MV#1 has an active registration and insurance and is registered to the operator of MV#1. The R.M.V have also issued the operator of MV#1 with a license number of S44148643. A query of this license number does not have a valid status. Based on the statements made to me, I have issued MA uniform citation #T2080057 for violation of c90 s10 unlicensed operation of a motor vehicle. A licensed operator (

(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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

04/25/2020

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:

MA OLN SA2360612) took possession of MV#1.

The operator of MV#2 stated he was travelling eastbound on Commonwealth Ave directly behind MV#1 when he struck it. MV#2 sustained heavy front end damages and was eventually towed by Tody's Towing. There were no reported injuries to the operator of MV#2. MV#2 had an active registration and insurance. The operator of MV#2 did not have a driver's license on his person and was never issued a MA license. The operator of MV#2 stated he is from Azerbhijan and have a license from that country but did not have it on his person. Based on the statements made to me, the operator of MV#2 was issued MA uniform citation #T2080058 for violation of c90 s10 unlicensed operation of a motor vehicle.

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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

04/25/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date