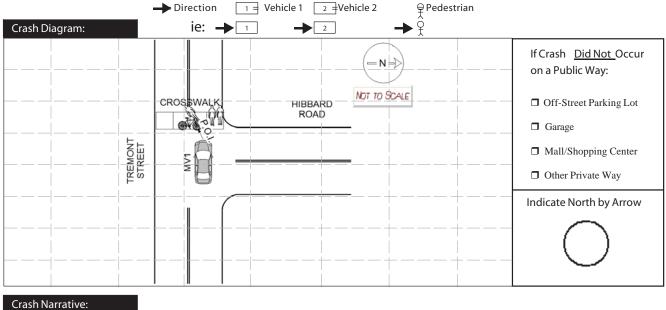
	Poli	ce Use Only		Commonwe	alth o	of Massa	achu	isetts			RMV	Docum	ent Number	
	Date of Crash 05/30/2020	Time of Crash 17:50	City/Town	Motor	r Veh	icle Cra	sh	Number Vehicles			d Limit ude		State Police Local Police MBTA Police	NA NA
		24HR		<u> </u>		Report		1	1		gitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		NO	AT 1	INTE	CRSEC	CTION:	
	NOR	TH HIBBA	RD RD											
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion	Name of R	oadway/Street		Route# Direction	on Ad	dress #		Nan	ne of R	oadway/S	Street	_ 2 ¹
	WES	T TREMO				Feet [N S E	W of	Mile N	• Marker	c	or	Exit Number	- -
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2			Also at Interse	ction with				_	Route#	II	ntersect	ing Road	way/Street	- 1
1	Route# Direct	tion	Name of Intersecti	ng Roadway/Street	I	Feet	N S E	of of			Ι	dmark		_ 1
3	∇1	1 #0		Пиш							Lan	шпагк		\neg
	Vehicle1	#Occupants		Moped Case	e Number		20	00000309						_
	License#	18 1	St MA	DOB/Age	_ Reg#	1RZY84			Reg Ty	pe_PAN	J	Reg S	State MA 20	-
	Sex_F_ Lic. 0	Class D	Lic. Restrictions	CDL	_ Veh Y	ear_2019	Veh	Make_St	JBARU			Veh Con	nfig. 1	
4 1	Operator GRI		VICTORIA First	Middle	_ Owner	(Same as open	rator)		First			Middle		- 1
	Address 55 LA	KE SHORE CT	(apt. 3)		Addres	SS								-
	City BRIGHT			MA Zip 02135	City_						_State_	Z	Zip	-
	Insurance Com	pany PLYMOUT	TH ROCK ASSURA	ANCE CORP	Vehicle	e Action Prior to		1		Ü	d Area (•	Circle Up to Three	ee)
5 2	Vehicle Travel	Direction: N	S E X Respon	nding to Emergency? N	Event	Sequence 4	22 22		22 (3		4	
	Citation # (If Is	ssued)			Most I	Harmful Event	4 23		0	←	9		10 Undercarr 5 11 Totaled	iage
6	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing Co		18 24	24 8		4		6	
⁶ 1				: ChSec	Under	ride/Override	25	Towe	d <u>¥</u>		,			
	Please 1		ator and all occupa	nts involved Address		Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	31 Trap I Code S	32 Injury Tran Status Coc	1sp. le Medical Facili	ty 4
	Operator			See Above				1	4 99	0	0	10 1		
7	Please Select C)ne —		I	1	4 1	15		16		17			
3	of the Followi	Vehicle	e# Occupants	Non-Motorist A Ty	ype 2	Action 1	Loca		Cond	ition 1	l	Hit.	/Run Mop	ed
	License#		St	DOB/Age	_ Reg#				Reg Ty	pe		Reg S	State	_]
	Sex_F_ Lic. 0	Class 18 1	Lic. Restrictions	19 CDL	_ Veh Ye	ear	Veh	Make				Veh Con	afig.	
8 1	Operator SHO	DKRI Last	JENEEN First	Endorsment	Owner	Las	ıt.		First			Middle		_
_	Address 145 H	IUNNEWELL A	VE		Addres	SS								-
	City NEWTO	N	State	MA Zip 02458	_ City _						_State_	Z	ip	-
	Insurance Com	pany			Vehicle	e Action Prior to	Crash	2	<u> </u>	Damageo	d Area (Code: (C	ircle Up to Thre	ee)
	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?	Event	Sequence 2	22 22	22	22 2		3		4	
	Citation # (If Is	ssued)			Most I	Harmful Event	23		1	•	9	$ \ \ $	10 Undercarr 5 11 Totaled	iage
	Violation	n 1: ChSe	ec Violation	2: ChSec	Driver Contributing Code 24 24									
	Violation	n 3: ChSe	ec Violation	4: ChSec	Under	ride/Override [25	Towed	8		7		6	
	Plo Name (Last Fi		operator and all o	ccupants involved		Age/DOB		26 27 Seat Safety Pos. System	28 2 Airbag Airb	9 30 ag Eject tch Code	31 Trap I	njury [[rar	33 nsp. ode Medical Facil	lity
		Non-Motorist		See Above		Age/DOB		Pos. System	Janus SW	code	Couc	8 2	NEWTON WELLES	
														-

	lice Use Only		Commony	vealth o	of Massa	chuse	tts	RM	IV Docum	ent Number
Date of Crash	Time of Crash	City/Te	17100		icle Cra	sh Nur Veh	nber Numbe icles Injure			State Police Local Police MBTA Police
	24HR			Police 1				Longitude		Other:
<u> </u>	AT INTER	RSECTION:	<	LOCA	ΓΙΟN >	>	NO	Γ AT INT	ERSEC	TION:
_										
Route# Direc	ction	Name o	of Roadway/Street At		Route# Direction	n Address	#	Name of	Roadway/S	Street
1			At		Feet N	S E W o	f — —	• Marker	or	Exit Number
Route# Dire	ction N		ing Roadway/Street		Feet N	S E W o		viaikei		EXIL NUMBER
_		Also at Inte	ersection with				Route	Interse	ecting Road	way/Street
Route# Direc	ction	Name of Inters	ecting Roadway/Street		Feet N	S E W o		T	andmark	
Dv.t.:.i.	#0 .							L	апотпагк	
Venicie	#Occupants	Hit/Run	Moped							
License#	18 1	St	DOB/Age	Reg#_			Reg T	/pe	Reg S	State
Sex Lic.					ear	Veh Mal	re		_ Veh Con	
Operator	Last	First	Middle	Owner	Last		First		Middle	
					SS					
City		S	tateZip	City						•
\dashv					e Action Prior to		21 22 22 2			fircle Up to Three)
Vehicle Trave	l Direction: N	S E W Res	sponding to Emergency?_	Event	Sequence 2	22 22 23				10 Undercarriage
`	Issued)				Harmful Event		1 24	←]	9	5 11 Totaled
			on 2: ChSec		Contributing Co	de	8			6
		Violation 4: ChSec Underride/Override Towed								
Name (Last Fi	irst Middle)		Address		Age/DOB	Sex Pos. \$	afety Airbag Airl ystem Status Swi	ag Eject Trap ch Code Code	1 32 Injury Tran	le Medical Facility
Operator	:		See Above							
Please Select of the Follow	Vehicle	e# Occupar	nts Non-Motorist A	A Type 97	4 Action 97	Location	16 Cond	lition 17	Hit,	/Run Moped
License#		St	DOB/Age	Reg#			Reg Ty	ne.	Reg S	State
Sex_M Lic.	18 1		19		ear				Veh Con	20
Operator SH	OKRI	 JAHANSOU	Endorsment							
1	Last HUNNEWELL A	First VE	Middle		Last		First		Middle	
City NEWTO)N	S	tate MA Zip 02458	City _				Stat	teZ	ip
Insurance Con	npany		_	Vehicl	e Action Prior to	Crash	21	Damaged Are	a Code: (C	ircle Up to Three)
Vehicle Travel	l Direction: N	S E W Re	esponding to Emergency?	Event	Sequence 2	2 22 :	22 22 2	=	3	4
Citation # (If	Issued)			Most I	Harmful Event	23				10 Undercarriage 5 11 Totaled
Violatio	on 1: ChSe	ec Violati	on 2: ChSec	Driver	Contributing Co	de 2	24	-	<u> </u>	3 11 10taicu
Violatio	on 3: ChSe	ec Violati	on 4: ChSec	Under	ride/Override	25 To	owed8	-	7	6
		operator and al	ll occupants involved			26 Seat	27 28 2 afety Airbag Airl	9 30 31 ag Eject Trap	1 32 Tran	33 isp.
			Address		Age/DOB	Sex Pos.	System Status Sw	itch Code Cod	le Status Co	de Medical Facility
Name (Last F	/Non-Motorist		See Above						10 1	
Name (Last F			See Above						10 1	
Name (Last F			See Above						10 1	

Po	lice Use Only		Commonw	ealth o	f Massa	achuse	tts	R	RMV Docu	ment Number	
Date of Crash	Time of Crash	City/Tow	MIOU		icle Cra	sh Nur Veh	nber Numb		Limit e	State Police Local Police MBTA Police	
	24HR		P	Police I				Longitu		Other:	
	AT INTE	RSECTION:	<	LOCAT	ION	>	NO	T AT IN	TERSE	CTION:	
Route# Dire	ection	Name of I	Roadway/Street	F	Route# Direction	n Address	#	Name	of Roadway	y/Street	
			ı.t	-	Feet [S E W o	f — —	• _	or	Exit Number	
Route# Dire	ection	Name of Intersecting			Foot N	N S E W o		Marker		Exit Number	
_		Also at Interse	ection with	-			Route	# Inte	rsecting Roa	adway/Street	_
Route# Dire	ection	Name of Intersect	ing Roadway/Street		Feet	N S E W o			*		
									Landmark		
Vehicle	#Occupants	Hit/Run	Moped								
License #	18	St		Reg#_			Reg T	ype	Reg	g State	_
Sex Lic				Veh Ye	ar	Veh Mal	ке		Veh Co		
Operator	Last	First		Owner	Las	t	First		Middl	le	_
Address				Addres	s						_
City		Stat	eZip	City						Zip	
					Action Prior to			-		(Circle Up to Th	ree)
Vehicle Trave	el Direction: N	S E W Respo	onding to Emergency?	Event S	Sequence 2	22 22 23	22 22 2		3	4 10 Undercar	rriocc
,	Issued)			Most H	Iarmful Event		1 24	 ← `	9	5 11 Totaled	mage
			2: ChSec	Driver	Contributing Co	ode 25 _	27		7	6	
		rator and all occup	4: ChSec	Underr	ide/Override		77 28	29 30	31 32	33	
Name (Last F		rator and an occup	Address		Age/DOB	Sex Pos. S	27 28 Safety Airbag Air System Status Sw	29 30 bag Eject Tritch Code C	31 32 rap Injury Trode Status C	33 ransp. Code Medical Faci	ility
Operato	r		See Above								
Please Select of the Follow	Vehicl	e#Occupants	Non-Motorist A	Type 97	Action 97	5 Location	99 Con	dition 1	17	lit/Run Mo	ped
License#		St	DOB/Age	Reg#_			Reg T	ype	Reg	g State	_
Sex_F_ Lic	. Class	Lic. Restrictions		Veh Ye	ar	Veh Mal	ке		Veh Co	onfig.	
Operator JA	BBAR	KHELDA First	Endorsment	Owner	Las	1	First		Middl	le	_
Address 145	HUNNEWELL A	AVE		Addres	s						_
City NEWTO	ON	Stat	e_MA Zip_02458	City				S	state	Zip	_
Insurance Con	mpany			Vehicle	Action Prior to			Ü		(Circle Up to The	ree)
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Citation # (If	Issued)			Most H	Iarmful Event	23	1	 	9	10 Undercar 5 11 Totaled	паде
Violati	on 1: ChS	Sec Violation	2: ChSec	Driver	Contributing Co		24			6	
			4: ChSec	Underr	ide/Override		owed		21 22		
	Please fill out for First Middle)	r operator and all	occupants involved Address		Age/DOB	Sex Pos.	27 28 Safety Airbag Air System Status S	29 30 bag Eject Tr vitch Code C		33 ransp. Code Medical Fac	cility
Operator	r/Non-Motorist		See Above						10	1	



Operator of MV1 stated she was traveling Westbound on Tremont Street and could not see well due to a sun glare. Operator of MV1 further stated when she approached the intersection of Tremont Street at Hibbard Road she struck a pedestrian riding a bicycle. I was able to speak with two witnesses on scene who were friends with Ms. Shokri. Both were approximately 10 feet behind her in the crosswalk before she was struck by MV1. Witness statements are documented in this report. Both parents responded on scene and were entered into this report as non-motorists. Both followed medics to Newton Wellesley Hospital.

MV1 sustained moderate front end damage. Pedestrian involved suffered minor injuries and was transported to (Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	50 BAY DRIVE		
ENGLAND, BURKE,	CANTON,MA 02021		Y
	50 BAY DRIVE		
ENGLAND, PAYTON,	CANTON,MA 02021		Y

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property**

Truck and Bus Information:	Registration #	(From Vehi	cle Section)		25
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:S	tate Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code 37 Gross	Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

JUSTIN MARCH		1	NEWTON POLICE DEPARTM		05/30/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	Direction 1 :	∃ Vehicle 1	=Vehicle 2	⊋ Pedestrian		
Crash Diagram:	ie: → 1	2		→ Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkii	ng Lot
					☐ Garage	Ig Lot
			+			Zamton.
			- — — <u> </u>		Mall/Shopping C	
					☐ Other Private Wa	
					Indicate North by	Arrow
	 			+-		
Crash Narrative:						
Newton Wellesley Hospital	. Operator of MV	1 was evalua	ted on scen	e and signed a	patient refusal. Due	to the
bicycle being moved prior	r to my arrival,	pictures we	re not take	n on scene. The	bicycle was left off	the
roadway for her friends to	o pick up. Ms. S	kokri was we	aring a pin	k shirt, black	shorts and was riding	a black
bicycle. Ms. Shokri was no	ot wearing any p	rotective eq	uipment.			
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	ription of Damaged Property	
Truck and Bus Information:	Dogistration #		(Enom	Vehicle Section)		
Carrier Name	Registration #		(From	venicie Section)	Carrier Issuing Authority Co	ode 35
Address			City			
US DOT #:						36
37	oss Vehicle Weight	38				
Trailer Reg #:		Pag Stata	Pag Vas	r Trailar I	angth 39	
Hazmat Information:	Reg Type	rug siate	Keg 1 ea	Haner L	Cingui	
Placard 40 Material 1 digit	# 41 Material No	ame.		Material 4 digit #	Release code	42
iviateriai i digit	Iviatoriai Iva			17141C1141 + UIgil #	Release code	
					_	
JUSTIN MARCH				NEWTON POLICE DEPARTS	05/30/	2020