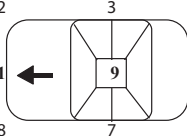
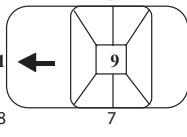


Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number							
Date of Crash 05/30/2020	Time of Crash 17:50 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	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:							
NORTH HIBBARD RD Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number											
WEST TREMONT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street Landmark											
Route# Direction Name of Intersecting Roadway/Street														
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000309					
License # --- St MA DOB/Age ---			Reg # 1RZY84 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2019 Veh Make SUBARU Veh Config. 1 20					
Operator GRINBERG VICTORIA Last First Middle			Owner (Same as operator) Last First Middle			Address 55 LAKE SHORE CT (apt. 3)			Address					
City BRIGHTON State MA Zip 02135			City State Zip			Insurance Company PLYMOUTH ROCK ASSURANCE CORP			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 4 22 22 22 22 2			Citation # (If Issued)			Most Harmful Event 4 23					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 18 24 24			Underride/Override 25 Towed Y			10 Undercarriage 5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec														
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		
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 2 14 Action 1 15 Location 1 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped														
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20					
Operator SHOKRI JENEEN Last First Middle			Owner Last First Middle			Address 145 HUNNEWELL AVE			Address					
City NEWTON State MA Zip 02458			City State Zip			Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22 2			Citation # (If Issued)			Most Harmful Event 23					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			Underride/Override 25 Towed			10 Undercarriage 5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec														
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			-----			---			8 2 NEWTON WELLESLEY H		

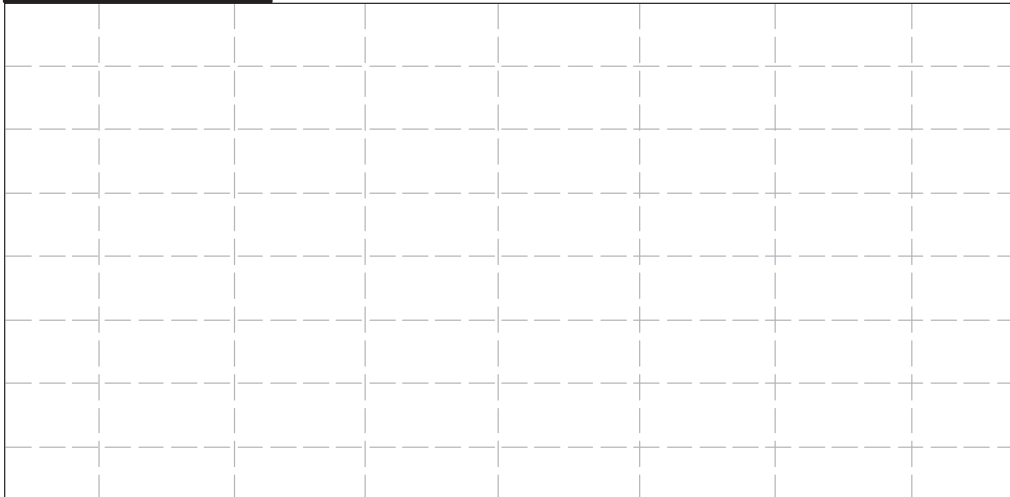
Police Use Only			Commonwealth of Massachusetts				RMV Document Number												
Date of Crash		Time of Crash		City/Town		Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit _____ Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>							
24HR																			
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:				9							
1				Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street				10							
								Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number											
2				Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street				11							
								Feet N S E W of _____ Landmark											
3				<input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
				License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20											
4				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				12							
5				Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____				 10 Undercarriage 5 11 Totaled							
6				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____															
				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 -----															
7				Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 15 97 Location 16 99 Condition 17 1 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
				License # _____ St _____ DOB/Age ----- Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20											
8				Operator SHOKRI JAHANSOUZ Last First Middle Address 145 HUNNEWELL AVE City NEWTON State MA Zip 02458 Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				14							
				Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____				 10 Undercarriage 5 11 Totaled							
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____															
				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 -----								10 1							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report			Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>	
	24HR							Latitude	Local Police	<input type="checkbox"/>	
								Longitude	MBTA Police	<input type="checkbox"/>	
									Other:	<input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
1			Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					
			At			Feet N S E W of or Mile Marker Exit Number					
2			Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street					
			Also at Intersection with			Landmark					
3			Route# Direction Name of Intersecting Roadway/Street								
3			<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
4			License # St DOB/Age			Reg # Reg Type Reg State			20		
			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config.			20		
4			Operator Last First Middle			Owner Last First Middle			12		
			Address			Address					
5			City State Zip			City State Zip					
			Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
5			Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4		
			Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage		
6			Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled		
			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6		
7			Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13		
			Name (Last First Middle) Address			Age/DOB Sex			Medical Facility		
			Operator See Above			-----					
7			Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 97 Location 99 Condition 1 17		
									<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
8			License # St DOB/Age			Reg # Reg Type Reg State			20		
			Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config.			20		
8			Operator JABBAR KHELDA			Owner Last First Middle			12		
			Address 145 HUNNEWELL AVE			Address					
			City NEWTON State MA Zip 02458			City State Zip					
			Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
			Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4		
			Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage		
			Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled		
			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6		
8			Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13		
			Name (Last First Middle) Address			Age/DOB Sex			Medical Facility		
			Operator/Non-Motorist See Above			-----			10 1		

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

Newton Wellesley Hospital. Operator of MV1 was evaluated on scene and signed a patient refusal. Due to the bicycle being moved prior to my arrival, pictures were not taken on scene. The bicycle was left off the roadway for her friends to pick up. Ms. Skokri was wearing a pink shirt, black shorts and was riding a black bicycle. Ms. Shokri was not wearing any protective equipment.

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

JUSTIN MARCH

NEWTON POLICE DEPART

05/30/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date