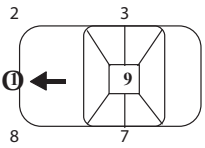
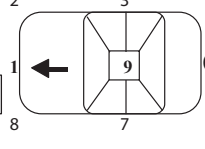


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 07/24/2020		Time of Crash 12:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ 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>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>29</div> <div>SOUTH 115 ELM ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>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>210</div>																																																																						
						<div>211</div>																																																																						
						<div>212</div>																																																																						
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000405																																																																						
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator MUSTAFAYEV TOGHRUL</div> <div>Address 44 DINSMORE AVE (apt. 606)</div> <div>City FRAMINGHAM State MA Zip 01702</div> <div>Insurance Company L&M GENERAL</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div> <div>Citation # (If Issued) T0115912</div> <div>Violation 1: Ch 90/234 Sec Violation 2: Ch 90/246 Sec</div> <div>Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec</div>						<div>112</div> <div>Reg # 93A250 Reg Type PAN Reg State MA</div> <div>Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 2 22 22 22 22 2 3 4</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 97 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
<div>51</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>99</td><td>4</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td>N/A</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						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	N/A																																								<div>13</div> <div>2</div>					
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	N/A																																																																
<div>71</div> <div>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>																																																																												
<div>81</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company SAFETY INSURANCE</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>13</div> <div>Reg # 6LT335 Reg Type PAN Reg State MA</div> <div>Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20</div> <div>Owner VO THI</div> <div>Address 359 WATER ST</div> <div>City QUINCY State MA Zip 02169</div> <div>Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22 2 3 4</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
<div>81</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Non-Motorist</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						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	-----	---	---																																																					
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	-----	---	---																																																																								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

115

NOT TO SCALE

POL

Elm Street

MV#2

MV#1

Wit#1

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:

MV#1 was parked facing south on Elm Street (a public way in the City of Newton) when it collided with MV#2.

- OpMv#2 stated she discovered a note on her windshield from Wit#1 informing her that her vehicle had been struck and OpMv#1 left the area. OpMv#2 observed the damage to her vehicle and reported the incident to the police.

- Wit#1 stated MV#1 pulling out of a street side parking spot on Elm Street, as the vehicle pulled out of the spot it struck the left side bumper of Mv#2. Wit#1 described OpMv#1 as white male in his twenties. He further stated he observed OpMv#1 attempt to find the owner of the vehicle, however, he did not find them and so he left. He added that OpMv#1 did not leave any contact information OpMV#2 to find and contact him

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
KELLY, GERALD,	104 (apt 1) ACADEMY HILL ROAD BRIGHTON,MA 02135	-----	N

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

DAVID A. CALDERON NEWTON POLICE DEPARTM 07/27/2020

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

CDP1 11 -24:00

→ 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:

regarding the collision. He stated he was the one who left the note for OpMv#2 informing her that her vehicle was struck.

- I observed the damage to the left bumper of MV#2. I made several attempts to make contact with OpMv#1 via telephone on several occasion; contacted Framingham police to contact OpMv#1, to no avail. During my investigation of the incident I discovered that OpMv#1 has a suspended driver's license. I conducted an inspection of the area and did not observe cameras that covered the involved parking stalls.

-There were no injuries reported at this time and neither vehicle was towed from the scene.

Traffic Bureau Update (Officer Gaudet): On July 27, 2020, I attempted to contact the registered

(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 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

DAVID A. CALDERON

NEWTON POLICE DEPT.

07/27/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

owner of MV1, Toghrul Mustafayev (SA0610793), with a negative result. A "Hit and Run" inquiry was mailed to Mustafayev.

On Tuesday, August 4, 2020, I spoke with Mustafayev via telephone. Mustafayev stated he is the owner of MV1 and recalls being involved in an incident on July 24, 2020 in front of 115 Elm Street, Newton. Elm Street is a public way maintained by the City of Newton.

Mustafayev stated he was operating his vehicle (2007 Toyota Prius, MA: 93A250), while leaving a parking spot in front of 115 Elm Street. Mustafayev stated as he left the parking spot his vehicle touched another vehicle. Mustafayev stated he exited his vehicle and observed no damage to the other vehicle involved. Mustafayev stated he looked around for the other owner but could not find them.

(Continued on next page)

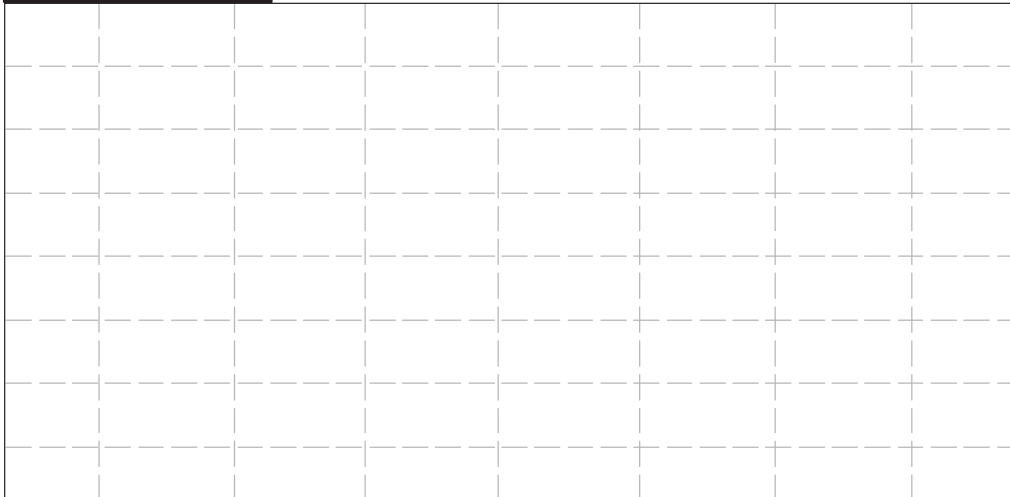
Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

DAVID A. CALDERON			NEWTON POLICE DEPARTA		07/27/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					

→ 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:

A query of Mustafayev's license status shows it is suspended as of November 18, 2019. I asked Mustafayev if he was aware of his license status. Mustafayev stated he knew it was suspended but he was only changing parking spots when the crash occurred. Mustafayev was advised and will be mailed Massachusetts Uniform Citation T0115912 for Chapter 90, Section 23 (Operating MV After Suspension) and Chapter 90, Section 24(2) (Leaving The Scene of Property Damage). A report and affidavit of an operating after suspension was completed and e-mailed to the Registry of Motor Vehicles at DCUOperatingAfterSuspension@massmail.state.ma.us.

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

DAVID A. CALDERON

NEWTON POLICE DEPT.

07/27/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date