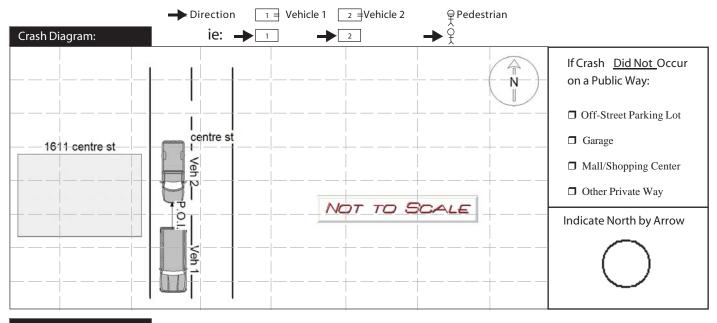
	Police Use Only	Common	wealth o	of Massa	chuse	etts			RMV	/ Docum	ent Number		
		ty/Town M	otor Veh	icle Cra	sh Nu	ımber	Numbe	r Speed	d Limit	35			
	09/10/2020 17:44 NEWTON		Police 1		Ve 2	hicles	Injured 1		ude itude_		State Police Local Police MBTA Police Other:		
	AT INTERSECTIO	N: <			>						TION:		
													2 9
1	Route# Direction Nar	ne of Roadway/Street		Route# SOUTH Directio	1611 n Addres		CENTR		ne of R	oadway/S	Street		10
1	Routen Breetion Ivan	At											<b>2</b> <sup>10</sup>
				Feet N	SEW	of –	Mile N	• Iarker	— (	or	Exit Number	-	
		secting Roadway/Street Intersection with		Feet N	SEW	of							
2				Feet N	SEW	of	Route#	Iı	ntersect	ting Road	way/Street	_	<b>99</b> <sup>11</sup>
2	Route# Direction Name of In	tersecting Roadway/Street							Lan	ıdmark			
3	XVehicle1 1_#Occupants  Hit/	Run Moped	C. N. I		20000	00500						П	
			Case Number			00508						_	
	License # 5	St MA DOB/Age	_	3LWM31						Reg S	State MA 20	-	
	Sex_F Lic. Class D Lic. Restr			ear_2020	Veh Ma	ake_LE	XUS			Veh Con			
4 1	Operator MALAVE ROSA  Last First		Owner	(Same as oper	ator)		First			Middle		-	<b>1</b> 12
	Address 40 WELLINGTON ST			ss								-	
	City BROCKTON	State_MAZip_02301	City _	City					StateZip				
	Insurance Company LM GENERAL INS		Vehicl	e Action Prior to	Crash	2 21		amaged	l Area	`	ircle Up to Thi	ree)	
5	Vehicle Travel Direction: N X E W	Responding to Emergence	y? <u>N</u> Event	Sequence 1 2	2 22	22	22 2		3		4		
	Citation # (If Issued)		Most 1	Most Harmful Event 1 9 5 11 Totale							10 Undercar 5 11 Totaled	riage	
-	Violation 1: ChSec Viol	lation 2: ChSec	Driver	Contributing Co	de 99	24	24		$\Delta I$		_		
<sup>6</sup> 2	Violation 3: ChSec Viol	lation 4: ChSec	Under	ride/Override	25	Towed	<u>Y</u> 8		7		6		
	Please fill out for operator and all	s	Age/DOB	Sex Pos.	27 Safety A	28 29 Airbag Airba Status Swite	9 30 Eject ch Code	31 Trap 1 Code	32 Injury Tran Status Coo	33 isp. le Medical Facil	lity	13 1	
	Operator	See Abov					4 99	0	0	7 2	NWH	,	
7													
1	Please Select One of the Following: Vehicle 2 1 # Occ	upants Non-Motoris	st A Type	Action 1:	5 Location		Cond	ition	17	Hit,	/Run Mor	oed	
	License# S	St MA DOB/Age DOB	Pag#	S53182			Pag Ty	no CON	, ,	Page	State_MA		
	Sex_M Lic. Class D 18 18 Lic. Restr	-	Veh Year 2014 Veh Make TOYT Veh Config						20	20			
8	Operator ASHUROV BARAK	Endorsm	nent	_WIRE		RI				ven con	ing. –		
1	Address 46 CLEVERLY CT (apt. 11)		Last First Middle Address 3 (apt. B) GILL ST										
	City QUINCY										-		
	Insurance Company EMPLOY INS WAUSA	•	Downwood Area Codes (Circle Unite Three)										
			venicle Action Thor to Clash 2										
	Vehicle Travel Direction: N X E W	•	Event Sequence 1 10 Undercarriage							riage			
	Citation # (If Issued)									5 11 Totaled			
	Violation 1: ChSec Vio			٦	ode 99		N 8		7		6		
	Violation 3: ChSecVio			ride/Override		Γowed _		930	31 Trap	32 Injury Tran	33	_	
	Name (Last First Middle)	Addre	ess	Age/DOB	Sex Pos.	System	28 29 Airbag Airba Status Swi	ng Eject tch Code	Trap 1	njury Tran Status Co	nsp. de Medical Fac	ility	
	Operator/Non-Motorist	See Abov	ve			1 4	4 4	0	0	10 1			
											-1		



## **Crash Narrative:**

On 9/10/2020 I was working N502 when I responded to a 2 car MVA at 1611 Centre St. which was called in by Sgt. Mlcean. Upon arrival I spoke with Rosa Malave first the driver of Veh 1. Rosa stated she felt she had a head injury and Newton fire and medics were called to respond. Rosa stated she was sitting stoped in traffic when she was struck by the operator of Veh 2 Barakatullo Ashurov from behind. Rosa was transported by Newton Medics to NWH and her car was towed by Todys.

I then spoke with Ashurov the operator of Veh 2. Ashurov stated he was sitting stopped in traffic when the car in front of him "Veh 1" began to reverse and struck him at aprox 1 to 2 miles an hour. Ashurov stated he got out to see if the woman was alright and she stated that he had hit her and an argument insued. There was no damage observed on either vehicle. There were no witnesses and no cameras in the area. Both parties were

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Address		Phone :	#	Statement					
Property Damage:	_									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	cription of Damaged Property				
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier NameCarrier Issuing Authority Code										
Address			City		St	Zip				
US DOT #:		_ Issuing State	ICC #:_		Interstate 36					
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length					
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Name	e		Material 4	digit #	_ Release code	42			
						_				

	Direction 1	₹ Vehicle 1	2 =Vehicle 2	⊋ Pedestri	ian		
Crash Diagram:	ie: → 1	<b>→</b> [	2	₽Ŷ			
						If Crash <u>Did Not</u> on a Public Way:  Off-Street Parkin	
	 					☐ Mall/Shopping C	ontor
			<u> </u>	<u></u>			
	 					☐ Other Private Wa	
						Indicate North by A	rrow
			++				
Crash Narrative:							
provided with a report	number.						
W itnesses:		_					+
Name (Last, First, Middle)		Address			F	Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)			
Carrier Name	_				Carı	rier Issuing Authority Coo	35 le
Address			City		St_	Zip	
US DOT #:			•			_	36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
Trailer Reg #:		Reg State	Reg Vegr	Tre	ailer Lenoth	39	
Hazmat Information:	Rog Type	Neg State	neg real_	110	Lengui		
Placard 40 Material 1	digit # 41 Material Na	ame		Material 4 d	ligit #	Release code	42
BRIAN F CONLEY			NEW	VTON POLICE DEPARTM		09/10/2	020