

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/09/2020	Time of Crash 19:08 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
WEST WASHINGTON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				
SOUTH CENTRE ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000647		
License # _____ St MA DOB/Age _____			Reg # 293X90 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make SUBA Veh Config. 1 20		
Operator ZOLMAJD ARSHIA Last First Middle			Owner EZZATPOURGHADI SHIRIN Last First Middle			Address 100 ROSEMARY WAY (apt. 128)			Address 100 (apt. 128) ROSEMARY WAY		
City NEEDHAM State MA Zip 02494			City NEEDHAM State MA Zip 02494			Insurance Company THE COMMERCE INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			Citation # (If Issued) _____			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved		
Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex		
Operator See Above			Operator See Above			Operator See Above			Operator See Above		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 MA DOB/Age _____			Reg # 5PMG40 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010 Veh Make HONDA Veh Config. 1 20		
Operator FARRELL ERIN Last First Middle			Owner FARRELL EUGENE Last First Middle			Address 12 COTTAGE CT (apt. 8)			Address 31 MAIN ST		
City NEWTON State MA Zip 02458			City ASHBURNHAM State MA Zip 01430			Insurance Company THE COMMERCE INSURANCE COMPANY			Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 3 24 19 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			Citation # (If Issued) _____			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved		
Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex		
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Centre St

ON RAMP

WASHINGTON ST

NOT TO SCALE

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:

MV1 was heading southbound coming from Centre Street. MV1 stated that he had the green light and began entering into the intersection heading towards the on-ramp of the Massachusetts Turnpike. MV2 stated that she was getting off the exit ramp of the Massachusetts Turnpike and had a yellow light heading westbound on Washington Street. MV2 drove through the yellow light trying to beat the light. MV2 struck into the drivers side of MV1. There was damage to the driver side door, and rear driver side door of MV1. There was damage to the front left bumper and front center bumper to MV2. There were no injuries from either party involved. Both vehicles drove away from the scene.

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

PATRICK DALY **NEWTON POLICE DEPART** **11/09/2020**

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

CDP1 11 -24:00