

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/15/2020		Time of Crash 14:10 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:						9	
Route# Direction Name of Roadway/Street At				SOUTH 165 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								2 10 11 3	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with													
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000736					
License # --- St KS DOB/Age ---				Reg # 7EA Reg Type PAN Reg State MA									
Sex F Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20									
Operator MOHAMED FOUAD Last First Middle				Owner ELTOUKHI HAZEM Last First Middle									12
Address 13217 NOLAND ST				Address 170 (apt. 2) MEDITERRANEN DR									
City OVERLAND PK State KS Zip 66123				City WEYMOUTH State MA Zip 02188									
Insurance Company GOV'T EMPLOYEE INS				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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													1
Operator See Above				---									
EOTOYKAHL, SATIMA 275 SECOND AVE (apt 1002) NEEDHAM, MA				F 4 4 4 4 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 # 2AZL35 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011 Veh Make ACURA Veh Config. 2 20									
Operator MELESSE WOINSHET Last First Middle				Owner (Same as operator) Last First Middle									
Address 251 GARDEN ST (apt. 5)				Address _____									
City CAMBRIDGE State MA Zip 02138				City _____ State _____ Zip _____									
Insurance Company GOV'T EMPLOYEE INS				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 1 22 22 22 3 4									
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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				----- --- --- 1 4 4 0 0 10 1									

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

165 Needham St

Unit 1

Unit 2

N

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:**

Woinshet Melesse was operating Ma Reg 2AZL35 (vehicle #2) S/B on Needham St. Melesse states that vehicle #1 pulled out of the parking lot striking her vehicle on the right front side.

Fouad Moahammed was operating Ma Reg 7EA349 (vehicle #1) attempting to take a left turn out of the parking lot onto Needham St. Mohammed could not give me an explanation as to what happened at the accident. She stated that the sun was in her eyes, however, the sun was over her right shoulder and not facing her vehicle. No injuries, no tows.

**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

STEPHEN T COTTENS

NEWTON POLICE DEPART

12/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date