

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/17/2021		Time of Crash 17:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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	
EAST RACHEL RD												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
NORTH WINCHESTER ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								2	
				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000130							
License # --- St MA DOB/Age ---				Reg # T29095 Reg Type CON Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make TOYOTA Veh Config. 1 20									
Operator AZIZI MARWA				Owner NEWTON DRIVING !								12	
Address 60 DINSMORE AVE (apt. 617)				Address 50 WINCHESTER ST									
City FRAMINGHAM State MA Zip 01702				City NEWTON State MA Zip _____									
Insurance Company PHILADELPHIA INDEMNITY				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				26 Seat Pos. 1 4				27 Safety System 99	
DRIZIK, IGOR, Y				29 HANSON RD NEWTON, MA 02459				28 Airbag Status 0 0				30 Eject Code 10 1	
								31 Trap Code 10 1				32 Injury Status 1	
								33 Transp. Code				Medical Facility	
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 # 2BHZ64 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make JEEP Veh Config. 1 20									
Operator ZIEDMAN JILLIAN				Owner (Same as operator)									
Address 26 RIVERSIDE DRIVE				Address _____									
City DEDHAM State MA Zip 02026				City _____ State _____ Zip _____									
Insurance Company GOVERNMENT EMPLOYEE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) T2080143				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch 90/23/T Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				26 Seat Pos. 1 4				27 Safety System 99	
								28 Airbag Status 0 0				30 Eject Code 10 1	
								31 Trap Code 10 1				32 Injury Status 1	
								33 Transp. Code				Medical Facility	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Winchester Street

Rachel Road

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:**

The operator of MV1 stated she was stopped at the stop sign on Winchester street at Rachel Road and her vehicle was rear ended. The operator of MV2 states that she looked down for a second and rear ended MV1. Both operators and the passenger of MV1 were uninjured.

MV1 sustained minor rear end damage and was driven from the scene while MV2 sustained minor front end damage and was left parked at the scene.

It was determined that the operator of MV2, Jillian Ziedman, had a suspended license. MV2 was legally parked to be picked up by a licensed driver and Ms. Ziedman was picked up by her employer. I provided Ms. Ziedman Massachusetts Uniform Citation T2080143 for 90-23 Operating a Motor Vehicle with a Suspended License.

A court packet was completed and placed in the court prosecutors mailbox.

**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

HAGAI BRANDON	30619	NEWTON POLICE DEPART	02/17/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date