

Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|---|--------------------------------|---------------------|---|--|-----------------------------|---------------------|--|--|--|--|
| Date of Crash 03/31/2021 | Time of Crash 18:51 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>25</u> 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: | | | | | |
| 1 Route# Direction Name of Roadway/Street At | | | 2 WEST 5 DEDHAM ST Route# Direction Address # Name of Roadway/Street | | | | | | | |
| 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | 10 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number | | | | | | | |
| 3 Route# Direction Name of Intersecting Roadway/Street | | | 11 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street | | | | | | | |
| 3 <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | 3 Case Number 210000221 | | | | | | | |
| 4 License # --- St MA DOB/Age --- Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator GEREIGE SALIM G Address 1336 WASHINGTON ST City NORWOOD State MA Zip 02062 Insurance Company SAFTEY INS | | | 12 Reg # 5350VW Reg Type PAN Reg State MA Veh Year 2016 Veh Make TOYT Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 4 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled | | | | | | | |
| 5 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | 13 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility Operator See Above ----- --- --- 1 4 4 0 0 10 1 NONE | | | | | | | |
| 7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | 13 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility Operator/Non-Motorist See Above ----- --- --- 1 4 4 0 0 10 1 NONE WEISBERGER, LEO 68 BRIERFIELD NEWTON, MA 02461 --- M 3 1 4 4 0 0 10 1 NONE | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

98 WINCHESTER ST

DEDHAM ST

5 DEDHAM 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:

On 3/31/21 I was working N503 when I responded to 68 Brierfield Rd. for a report of a past hit and run MVA. Upon arrival I spoke with the rp Eli Weisberger (the operator of Veh 2) and his brother Leo who stated that they were traveling westbound on Dedham St. when a car backed out from 98 Winchester (in front of 5 Dedham St.) colliding with their vehicle. Eli stated he saw the vehicle backing out and came to a complete stop and the vehicle backed right into him. Eli stated the operator of Veh 1 got out of his car and asked if they were ok to which they stated they were. Eli then stated the man said you know me I work at 711 and then drove away.

I then spoke with Salim Grereige the operator of Veh 1. Salim stated he was backing out of 98 Winchester St. when he collided with Veh 2. Salim stated he looked both ways before he backed out and thought it was clear.

(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

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

→ 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:

Salim believed either Veh 2 was speeding or had just pulled out of the park right next to the parking lot. Salim stated they both got out of the cars to examine the damage. Salim said both parties agreed their was minor damage and Salim stated if you need me I work at 711. Salim stated he knows Eli from he being a consistent customer their. Salim stated they never asked for any of his information. It should be noted this accident occurred around 330pm and was reported at around 6pm.

All parties stated they were uninjured. Both parties were provided an accident report number.

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

BRIAN F CONLEY

NEWTON POLICE DEPART

03/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date