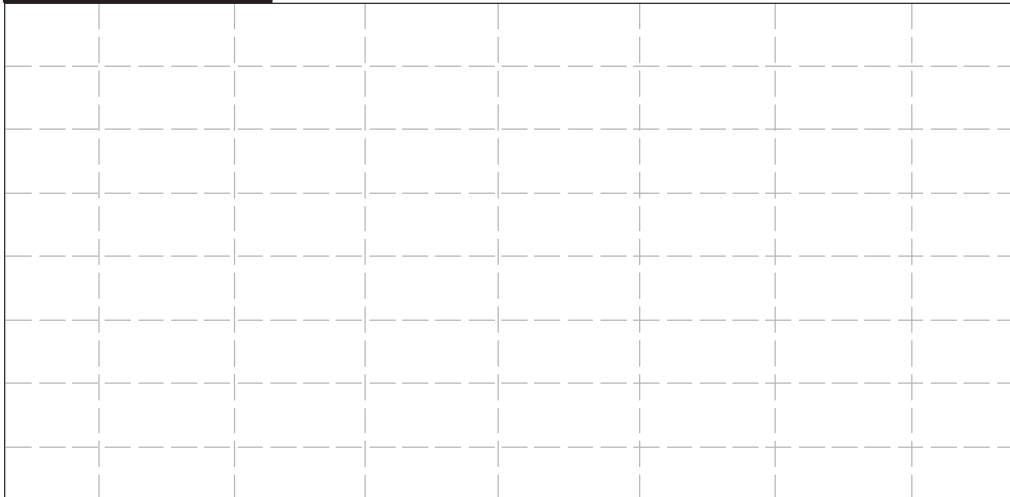


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/09/2021	Time of Crash 14:53 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 4	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
CENTRE ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ or _____							
NEWTONVILLE AVE			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of _____							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000252	
License # --- St MA DOB/Age ---			Reg # 5LMZ60 Reg Type PAN Reg State MA							
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2013 Veh Make SUBARU Veh Config. 1 20							
Operator HARLE ANN MARIE			Owner KAAFARANI HAYTHAM							
Address 44 BUSWELL PARK			Address 44 BUSWELL PARK							
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02458							
Insurance Company SAFECO			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 22 22 22			Event Sequence 1 22 22 22 22				
Citation # (If Issued) _____			Most Harmful Event 1 23			Most Harmful Event 1 23				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 5 24 24			Driver Contributing Code 5 24 24				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			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 See Above			1 4 99 0 0 9 1							
KAAFARANI, ZIAD 44 BUSWELL PARK NEWTON, MA 02458			6 4 4 99 0 0 9 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 MI DOB/Age ---			Reg # EHJ9616 Reg Type PAN Reg State MI							
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2020 Veh Make JEEP Veh Config. 2 20							
Operator DUCHE LAUREN			Owner (Same as operator)							
Address 70689 NATURES WAY			Address _____							
City RICHMOND State MI Zip 480625			City _____ State _____ Zip _____							
Insurance Company DUDEK			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22				
Citation # (If Issued) _____			Most Harmful Event 1 23			Most Harmful Event 1 23				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Driver Contributing Code 1 24 24				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			Underride/Override 25 Towed N				
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 99 0 0 9 1							
ERTMER, LUCY 62 FENNO RD NEWTON, MA 02459			F 9 1							

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

in front of her after being rear ended.

Vehicle #1 was towed by Todys Garage

Vehicle #2 was able to drive away.

Fallon Ambulance check out all parties from both vehicles but all adults signed patient refusals.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

04/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date