

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/26/2021	Time of Crash 16:08 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:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 304 PARKER ST 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# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000288		
License # _____ St MA DOB/Age _____			Reg # ICXE35 Reg Type PAS Reg State MA			Veh Year 2017 Veh Make CHEVY Veh Config. 2			20		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make CHEVY Veh Config. 2			Owner CALLAHAN BRIAN			12		
Operator CALLAHAN LAURIE Last First Middle			Address 20 WOODBURY STREET			City ARLINGTON State MA Zip 02476			1		
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled		
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			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			Diagram: A car diagram with a circle around the front end, labeled 9. Arrows point to 1 (left), 2 (top), 3 (right), 4 (bottom), 5 (front left), 6 (front right), 7 (rear left), 8 (rear right), 9 (center), 10 (undercarriage), 11 (totaled).			13		
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			1		
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			Age/DOB			Sex		
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		
License # _____ St MA DOB/Age _____			Reg # 8SK849 Reg Type PAN Reg State MA			Veh Year 2008 Veh Make MERCEDES Veh Config. 1			20		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008 Veh Make MERCEDES Veh Config. 1			Owner AGHAZADEH MEHRAN			12		
Operator AGHAZADEH RYAN Last First Middle			Address 343 PARKER ST			City NEWTON State MA Zip 02459			1		
Insurance Company AMERICAN FAMILY CONNECT PROPERTY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled		
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			Most Harmful Event 1 23			Driver Contributing Code 19 24 24		
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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			1		
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			Age/DOB			Sex		

Crash Narrative:
Operator 1 of MV 1 was stopped in traffic at 304 Parker St facing N/B when MV 2 collided with the rear of MV 1.
1. No injuries to Operator 1, moderate damage to MV1.
Operator 2 of MV2 was driving N/B on Parker st and took his eyes off the road and could not stop and collided with MV2. Moderate damage to MV2, no injuries to Operator 2. MV2 was towed by Todys towing.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ROBERT A MARCH			NEWTON POLICE DEPARTM		04/26/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					