

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/02/2021	Time of Crash 08:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>15</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 187 CHURCH 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000302			
License # _____ St MA DOB/Age _____			Reg # 75FP54		Reg Type PAN		Reg State MA			
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2005		Veh Make TOYOTA		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator DELIGIANNIDES JULIE Last First Middle			Owner (Same as operator)		Last First Middle					
Address 16 RICKER TER			Address _____		City _____ State _____ Zip _____					
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company COMMERCE			Event Sequence <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 2		Most Harmful Event <input type="checkbox"/> 20 <input type="checkbox"/> 23		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Driver Contributing Code <input type="checkbox"/> 97 <input type="checkbox"/> 24 <input type="checkbox"/> 24		Underride/Override <input type="checkbox"/> 25 Towed Y		11 Totaled			
Citation # (If Issued) T2014106										
Violation 1: Ch 90/9/1 Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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 4 0 0 10 1		NONE			
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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					
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator _____ Last First Middle			Owner _____ Last First Middle		City _____ State _____ Zip _____					
Address _____			Address _____		City _____ State _____ Zip _____					
City _____ State _____ Zip _____			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 2		Most Harmful Event <input type="checkbox"/> 23		10 Undercarriage			
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Citation # (If Issued) _____										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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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		NONE			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

CHURCH ST

CENTRE ST

ARABIC BAPTIST CHURCH
187 CHURCH ST

NO PARKING

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:

THE OPERATOR OF MV#1 WAS PARKING AT THE ARABIC BAPTIST CHURCH IN THE PARKING LOT. THE OPERATOR OR MV#1 DID NOT STOP PROPERLY AND CRASHED INTO A NO PARKING SIGN OVER THE CURB. THERE WAS DAMAGE TO THE FRONT OF MV#1 AND THE SIGN WAS KNOCKED OVER/ BROKEN. MV#1 WAS UNREGISTERED AND TOWED BY TODYS. MA UNIFORM CITATION (WARNING) #T2014106 WAS ISSUES CHAPTER 90/9. UNREGISTERED MV. THERE WERE NO INJURIES AND THE PROPERTY MANAGER SINOTE IBRAHIM WAS NOTIFIED ABOUT THE ACCIDENT AND DAMAGE. A VEHICLE INVENTORY FORM WAS FILLED OUT.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
IBRAHIN, SINOTE,	187 CHURCH ST NEWTON, MASSACHUSETTS 0	617-285-5464	97	1 PARKING SIGN

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