

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/24/2021		Time of Crash 09:13 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	
SOUTH CHERRY ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
EAST DERBY ST						Feet N S E W of _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark						3	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000378							
License # --- St MA DOB/Age ---				Reg # 5HV255		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012		Veh Make TOYOTA		Veh Config. 1 20					
Operator MEHREEN NAZ				Owner (Same as operator)									12
Address 338 BEAVER ST				Address _____									
City WALTHAM State MA Zip 02452				City _____ State _____ Zip _____									
Insurance Company COMMERCE				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		2		3		4			
Citation # (If Issued) _____				Most Harmful Event 1 23		1		2		3		10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 3 24		1		2		3		5 11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y		1		2		3			
Please fill out for operator and all occupants involved													13
Name (Last First Middle) Address				Age/DOB		Sex		26 Seat Pos.		27 Safety System		28 Airbag Status	
Operator See Above				-----		---		1		4		99	
GHANI, MIKAIL 338 BEAVER ST (apt 1) WALTHAM, MA 02452				-----		M		6		4		99	
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 # 9LK599		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2005		Veh Make HONDA		Veh Config. 1 20					
Operator CAO JENNY TUYET				Owner (Same as operator)									
Address 255 DERBY ST				Address _____									
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____									
Insurance Company AMICA				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2		3		4			
Citation # (If Issued) _____				Most Harmful Event 1 23		1		2		3		10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		1		2		3		5 11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y		1		2		3			
Please fill out for operator and all occupants involved													13
Name (Last First Middle) Address				Age/DOB		Sex		26 Seat Pos.		27 Safety System		28 Airbag Status	
Operator/Non-Motorist See Above				-----		---		1		4		99	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Cherry St

Derby St

Vehicle #2 - Vehicle #1

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:**

Operator of vehicle #1 stated she was travelling Southbound on Cherry St. Operator #1 stated she became distracted by a passenger in the vehicle and did not see the red light at the intersection at Cherry St. and Derby St. Operator #1 stated that she continued through the intersection and collided with vehicle #2. Operator of vehicle #2 stated she was travelling East bound on Derby St. and had a green light to proceed through the intersection. Operator #2 stated that vehicle #1 did not stop at the red light and collided with vehicle #2. Medics arrived on scene and evaluated all parties. No reported injuries. Both vehicles were towed away by Tody"s due to excessive damage.

**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

DANIEL NARDELLI      NEWTON POLICE DEPARTM      05/24/2021

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24-00