

## Commonwealth of Massachusetts

| Police Use Only  |                                |                                  | Commonwealth of Massachusetts                |                                |   |                               | RMV Document Number  |   |  |  |
|--|--------------------------------|----------------------------------|--|--------------------------------|---|-------------------------------|--|---|--|--|
| Date of Crash<br>06/04/2021  | Time of Crash<br>20:02<br>24HR | City/Town<br>NEWTON              | <b>Motor Vehicle Crash<br/>Police Report</b> |                                | Number<br>Vehicles<br>2   | Number<br>Injured<br>1        | Speed Limit <u>35</u><br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: _____ |  |  |
| <b>AT INTERSECTION:</b>  |                                |                                  | < <b>LOCATION</b> >                          |                                | <b>NOT AT INTERSECTION:</b>   |                               |  |   |  |  |
| <b>NORTH</b> <u>CONCORD ST</u><br>Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____<br><b>WEST</b> <u>WASHINGTON ST</u><br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____   |                                |                                  |  |                                | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Route# _____ Intersecting Roadway/Street _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Landmark _____            |                               |  |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants  |                                | <input type="checkbox"/> Hit/Run |  | <input type="checkbox"/> Moped |   | Case Number <u>2100000400</u> |  |   |  |  |
| License # _____ St <u>MA</u> DOB/Age _____<br>Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____<br>Operator <u>AMELI</u> <u>AMIR</u> _____<br>Address <u>18 BROOK ST</u><br>City <u>WELLESLEY</u> State <u>MA</u> Zip <u>02482</u><br>Insurance Company <u>COMMERCE</u><br>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u><br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                                   |                                |                                  |  |                                | Reg # <u>SABER7</u> Reg Type <u>PASS</u> Reg State <u>MA</u><br>Veh Year <u>2019</u> Veh Make <u>MINI</u> Veh Config. <u>1</u> <u>20</u><br>Owner <u>(Same as operator)</u><br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)<br>Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u><br>Most Harmful Event <u>1</u> <u>23</u><br>Driver Contributing Code <u>1</u> <u>24</u> <u>24</u><br>Underride/Override <u>25</u> Towed <u>Y</u>                             |                               |  |   |  |  |
| Please fill out for operator and all occupants involved  |                                |                                  |  |                                | 13<br>1   |                               |  |   |  |  |
| 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   |                                |                                  |  |                                | ----- --- 99 4 4 0 0 10 1   |                               |  |   |  |  |
|  |                                |                                  |  |                                |   |                               |  |   |  |  |
|  |                                |                                  |  |                                |   |                               |  |   |  |  |
|  |                                |                                  |  |                                |   |                               |  |   |  |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped   |                                |                                  |  |                                |   |                               |  |   |  |  |
| License # _____ St <u>MA</u> DOB/Age _____<br>Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____<br>Operator <u>MUSTAFA</u> <u>MUSA</u> _____<br>Address <u>220 KEBDRICK STREEWT</u><br>City <u>NEWTON</u> State <u>MA</u> Zip <u>02458</u><br>Insurance Company <u>ARBELLA</u><br>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u><br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                                |                                  |  |                                | Reg # <u>8HRS60</u> Reg Type <u>PASS</u> Reg State <u>MA</u><br>Veh Year <u>2011</u> Veh Make <u>VOLK</u> Veh Config. <u>1</u> <u>20</u><br>Owner <u>VITANUR INC</u><br>Address <u>77 FLORENCE ST</u><br>City <u>NEWTON</u> State <u>MA</u> Zip <u>02467</u><br>Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)<br>Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u><br>Most Harmful Event <u>1</u> <u>23</u><br>Driver Contributing Code <u>1</u> <u>24</u> <u>24</u><br>Underride/Override <u>25</u> Towed <u>Y</u> |                               |  |   |  |  |
| Please fill out for operator and all occupants involved  |                                |                                  |  |                                | 13<br>1   |                               |  |   |  |  |
| 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  |                                |                                  |  |                                | ----- --- 99 1 4 0 0 7 2 BETH ISRAEL  |                               |  |   |  |  |
|  |                                |                                  |  |                                |   |                               |  |   |  |  |
|  |                                |                                  |  |                                |   |                               |  |   |  |  |
|  |                                |                                  |  |                                |   |                               |  |   |  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Concord Street

Washington Street

Unit 1

Unit 2

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

↑ N

**Crash Narrative:**

The operator of vehicle 1 stated that he was turning left onto Concord Street from Washington Street and had a green left turn arrow. Vehicle 2 came through the intersection and crashed into the passenger side of his vehicle. This caused major damage to the vehicle.

The operator of vehicle 2 stated he was traveling West on Washington Street and had a green light when going through the intersection. He then crashed into vehicle 1 who was taking a left turn onto Concord Street. This caused major damage to the front of vehicle 2.

**Witnesses:**

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| AMERI, SHARI,              | ,       | ----    | Y         |
| ALLAH-NEJAD, AMIR,         | ,       | ----    | Y         |

**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

THOMAS BANNON      NEWTON POLICE DEPARTM      06/04/2021

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

CDP1 11 -24:00