

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/04/2021	Time of Crash 19:46 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	Speed Limit 25 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:					
COMMONWEALTH AVE										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ or _____					Exit Number		
GRANT AVE										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Route# Intersecting Roadway/Street		
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street								Landmark		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000489			
License # --- St MA DOB/Age ---			Reg # 9DC192		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2014		Veh Make HYUNDAI		Veh Config. 1 20			
Operator TSE TRISTIN			Owner TSE KEVIN							
Address 69 MORRELL ST			Address 69 MOTTRLL ST							
City BOSTON State MA Zip 02132			City BOSTON State MA Zip 02132							
Insurance Company CITIZENS INSURANCE			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		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		0 1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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 4 0 0 10 1		NONE					
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 MA DOB/Age ---			Reg # 4874542		Reg Type PAN		Reg State NH			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014		Veh Make SUBARU		Veh Config. 2 20			
Operator MEJIA CASANDRA			Owner ABDULAI SHAIBU							
Address 164 HARVARD ST			Address 11 (apt. 2) PEARL ST							
City NEWTON State MA Zip 02460			City CONCORD State NH Zip 33014							
Insurance Company GEICO			Vehicle Action Prior to Crash 2 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		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		6 7 8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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/Non-Motorist See Above			1 4 4 0 0 8 2		NEWTON-WELLESLEY H					
ABDULAI, SALMA 164 HARVARD ST NEWTON, MA 02460			5 4 4 4 0 0 10 1		NONE					

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 07/04/2021	Time of Crash 19:46 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 1	Speed Limit <u>25</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:			
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9			
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number				10			
3 Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street				11			
4			Landmark							
5			Vehicle <input checked="" type="checkbox"/> 3 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Case Number 210000489							
6			License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type <u>UNKOWN</u> Reg State _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Veh Year <u>UNK</u> Veh Make <u>UNKNOWN</u> Veh Config. <u>2</u> <u>20</u> Operator _____ Last _____ First _____ Middle _____ Owner _____ Last _____ First _____ Middle _____ Address _____ Address _____ City _____ State _____ Zip _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				12			
7			Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u> Event Sequence <u>52</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> 2 3 4 Citation # (If Issued) _____ Most Harmful Event <u>51</u> <u>23</u> 1 9 10 Undercarriage Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code <u>6</u> <u>24</u> <u>4</u> <u>24</u> 5 11 Totaled Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override <u>25</u> Towed <u>N</u> 8 7 6				13			
8			Please fill out for operator and all occupants involved							
9			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							
10			Operator See Above -----							
11										
12										
13										
14			Please Select One of the Following: <input type="checkbox"/> Vehicle _____#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							
15			License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Operator _____ Last _____ First _____ Middle _____ Owner _____ Last _____ First _____ Middle _____ Address _____ Address _____ City _____ State _____ Zip _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three)				16			
16			Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> 2 3 4 Citation # (If Issued) _____ Most Harmful Event <u>23</u> 1 9 10 Undercarriage Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code <u>24</u> <u>24</u> 5 11 Totaled Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override <u>25</u> Towed _____ 8 7 6				17			
17			Please fill out for operator and all occupants involved							
18			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							
19			Operator/Non-Motorist See Above -----							
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→ Direction

ie: → 1 → 2 →

1 = Vehicle 1 2 = Vehicle 2

⊙ Pedestrian

Crash Diagram:

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:

MV1 operator stated he was operating southbound on Grant Ave prior to Commonwealth Ave (both public ways) and was attempting to travel straight through the intersection. MV1 operator stated MV3 (unknown white colored mini-van, driven by an unknown elderly white female) was operating northbound before Grant Ave, attempted to take a left onto Commonwealth Ave westbound. MV1 operator stated MV3 made the turn suddenly and did not yield the right of way to him, forcing him to swerve to avoid an accident with MV3. MV1 operator said because he had to swerve suddenly, the front end of his MV struck MV2 driver side which was stopped on Commonwealth Ave eastbound at Grant Ave. MV1 operator said MV3 was not struck and continued westbound on Commonwealth Ave. MV1 sustained heavy front end damage, and was towed by Tody's. MV1 operator reported no injuries at this time.

(Continued on next page)

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

MV2 operator stated she was stopped on Commonwealth Ave eastbound at Grant Ave. MV2 operator's story collaborated with MV1's story. MV2 operator said she witnessed MV3 suddenly cut off MV1 by taking a sharp left at the intersection, failing to yield the right of way to MV1. MV2 operator stated because MV1 had attempted to avoid a MVA with MV3, MV2's driver side was struck by MV1. MV2 sustained heavy driver side damage, and was towed by Todys. MV2 passenger was an infant that was checked by medics and appeared to be uninjured at this time, MV2 operator stated she struck her head on the driver side window and was transported to Newton-Wellesley Hospital for an evaluation.

MV3 was unlocated at this time. Photos of the accident were taken and forwarded to the I.T. Bureau.

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

MARK HATFIELD

NEWTON POLICE DEPART

07/04/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date