

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/18/2021		Time of Crash 13:47 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 6		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			
EAST FRANKLIN ST												2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10			
At				Feet N S E W of _____ or _____				Mile Marker Exit Number							
SOUTH WAVERLEY AVE															
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____				Route# Intersecting Roadway/Street				11			
Also at Intersection with												3			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____				Landmark							
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped				Case Number 210000525			
License # --- St MA DOB/Age ---				Reg # 2NJ97 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2021 Veh Make TESLA Veh Config. 2 20											
Operator UPPOT RAUL				Owner (Same as operator)								12			
Address 1 AVERY ST (apt. 11A)				Address _____											
City BOSTON State MA Zip 02111				City _____ State _____ Zip _____											
Insurance Company GOVT EMPLOYEES				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				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6							
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 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility											
Operator See Above				1 2 99 0 0 9 1											
UPPOT, DHORSHENA 1 AVERY ST (apt 11A) BOSTON, MA 02111				F 3 1 4 99 0 0 9 1											
UPPOT, ZOE 1 AVERY ST (apt 11A) BOSTON, MA 02111				F 4 4 2 99 0 0 9 1											
UPPOT, MIA 1 AVERY ST (apt 11A) BOSTON, MA 02111				F 6 4 2 99 0 0 9 1											
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 # 7DT Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2017 Veh Make SUBARU Veh Config. 1 20											
Operator WILKER ISABEL H				Owner SOUMETH FERESHTEH SHAROHAH											
Address 99 ARLINGTON STREET				Address 99 ARLINGTON ST											
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02458											
Insurance Company STANDARD FIRE				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				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6							
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 99 99 0 0 9 1											
SOUMETH, FERESHTEH, SHAROHAH 99 ARLINGTON ST NEWTON, MA 02458				F 3 1 99 99 0 0 9 1											

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Waverly Ave

Franklin St

Unit 1

Unit 2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On July 18th, 2021 at approximately 13:47 hours while working N491 I responded along with NFD and Fallon ambulance for a report of a MV crash at the intersection of Waverly Ave at Franklin St.

On my arrival to the scene I located both involved vehicles that had both sustained heavy damage. The first vehicle was a white Tesla V SUV, Ma reg. 2NJJ97 operated by Raul Uppot. He reported first being stopped E/B on Franklin St at the intersection of Waverly Ave. He then proceeded to cross Waverly Ave to get to the other side of Franklin St when he was struck in the intersection by vehicle #2.

Operator further stated he never saw vehicle #2 coming S/B on Waverly Ave.

The second involved vehicle was a 2017 black subaru impreza, ma reg.7dt861, operated by a Isabel Hanna Wilker. She reported going S/B on Waverly Ave when vehicle #1 came out from Franklin St causing her to crash

(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

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 J MCCARTHY NEWTON POLICE DEPT 07/18/2021

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

CDP1 11 -24:00

♀ Pedestrian

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

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

42

CDP1 11 -24:00