

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/26/2021		Time of Crash 14:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 3	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	
WEST CALIFORNIA ST												2	
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10	
NORTH NEVADA 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 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000553							
License # --- St MA DOB/Age ---				Reg # S96007 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2017 Veh Make FORD Veh Config. 2 20									
Operator YAZZIE CONRAD T				Owner PROFESSIONAL ROC								12	
Address 24 MARNEY ST (apt. 2)				Address BX 262									
City CAMBRIDGE State MA Zip 02141				City SALEM State MA Zip 01970									
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X 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 3 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				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				1	
Operator See Above				1 4 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 # 7TT253 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2010 Veh Make HONDA Veh Config. 1 20									
Operator BAKAL RUBY				Owner BAKAL DANIEL									
Address 47 HARVARD ST				Address 47 HARVARD ST									
City NEWTON State MA Zip 02460				City NEWTON State MA Zip 02460									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S 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												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				1	
Operator/Non-Motorist See Above				1 4 99 0 0 9 1									
RANALLI, LILLIAN				16 WYOMING RD NEWTON, MA 02460									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

CALIFORNIA ST

NEVADA ST

Unit 1

Unit 2

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:

On July 26th, 2021 at approximately 14:48 hours while working N491 I along with N494 responded to a MV crash at the intersection of California St @ Nevada St.

On my arrival I located both involved vehicles in the middle of the intersection. Vehicle #1 was a 2017 Brown Ford F150 PU truck with driver side middle damage.

Operator was identified as Conrad Yazzie. He stated he was going W/B on California St and was going thru the intersection of Nevada St when he was struck by vehicle #2.

I asked Mr Yazzie if he could remember if his light was green or not when he came to the intersection? He stated, " he wasn't sure".

Vehicle #2 was a Gray 2010 Honda civic accord, Ma plate 7TT253, which had heavy front end damage. Operator

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SULLIVAN, LYN ANN,	35 WHITLOWE ST. NEWTON, MA	-----	N

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 07/27/2021

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

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

was identified as Ruby Bakal. She stated she was travelling N/B on Nevada St and was crossing the intersection of California St when she crashed into the drivers side of vehicle #1.. She further stated, "my light was definitely green".

A witness identified as Lyn Sullivan, 617-875-6845 stated that the truck vehicle #1 ran the red light on California St.

I documented that all three persons involved in this crash have possible injuries even though none are reporting any at this time to first responders.

Vehicle #2 was towed by Tody's.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

07/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date