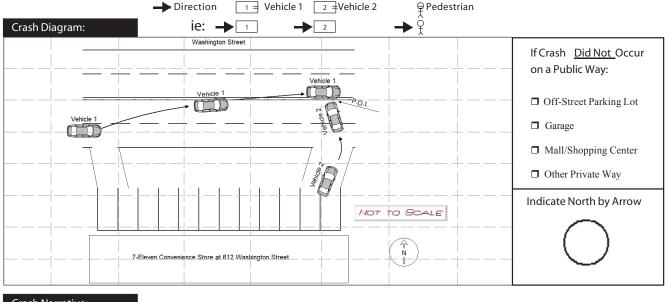
	Polic	ce Use Only		Common	nwealt	h of	f Massa	ach	use	etts			RM	V Doci	ument	t Number	
	ate of Crash 0/02/2021	Time of Crash 20:46	City/To NEWTON	own M	otor V	<b>ehi</b>	cle Cra	sh		mber nicles	Numb		eed Lim		St	ate Police ocal Police BTA Police	
	.0/02/2021	20:46 24HR	NEWTON		Polic	e R	Report		2		0		ngitude_			BTA Police ther:	
		AT INTER	SECTION:	<	LO	CAT	ION	>			NO	<b>T A</b> 7	ΓΙΝΤ	ERSI	ECTI	ION:	
							EAST 601 WASHINGTON ST										ŀ
R	oute# Direct	ion	Name o	f Roadway/Street		Ro	oute# Direction	on A	ddress	s #		N	lame of I	Roadwa	ıy/Stre	et	 
$\dashv$	At					Feet NSEW of or											
R	Route# Direct	tion N	Jame of Intersecti	ng Roadway/Street		- -		1~1-		-	Mile	Marke	r		Ex	xit Number	_
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	XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Nun	nber		2	10000	00782							- 1
	icense#		St M	A DOB/Age	R	eg # E	V9371				Reg T	vne P	AS	Re	o State	<sub>a</sub> MA	
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		O Last		Endorsn YANFENO	nent		(Same as oper										ŀ
	ddress 14 PE	Last ACH TREE LAN	First <b>VE</b>	Middle	-		Las							Mid	dle		_
	ity NEWTON			ate_MA Zip_02459											Zin		-
	-		PROPERTY &			City State Zip Damaged Area Code: (Circle Up to Three)									_		
_				ponding to Emergence							] 22] <b>(</b>	)	•	)	<b>4</b>		
		ssued)					armful Event	23	3					Λ		10 Undercarr	riage
				n 2: Ch Sec			Contributing Co		99 2	4	24	<b>—</b>	9		5	11 Totaled	
				1 4: Ch Sec			de/Override	25	7	 Гowed	8		7	У	6		
	Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								$\dashv$		
	Name (Last Firs	st Middle)		Addres See Abo			Age/DOB	Sex			Status Sw		de Code	Status	Code 1	Medical Facili	ity
	1										. ,			10	-		
												+	-				
	lease Select O f the Followir		2 <u>1</u> #Occupar	ts Non-Motori	st A Type	14	Action 1	Loc	cation	10	6 Con	dition	17		Hit/Ru	n Mop	ed
	2//				D	Reg # 883MH8					Reg Type PAN			Dog State MA			-
18 18 19															Reg State MA  Veh Config. 1		
$\dashv_{\circ}$	Sex_F Lic. Class D Lic. Restrictions 1 CDL Endorsment  Operator ASADI SHAHRBANOU					Veh Year 2003 Veh Make MITSUBISHI Veh Config. 1  Owner (Same as operator)											
- 1		Last INWOOD AVE	First	Middle	:		Las	t			First			Mid	dle		-
- 1	tity NEWTON			ate MA 7 in 02460									State		Zin		-
Insurance Company ARBELLA MUTUAL  Vehicle Travel Direction: X S E W Responding to Emergency? N							CityStateZip										ee)
							Vehicle Action Prior to Crash  6  Damaged Area Code: (Circle Up to Three)  Event Sequence  1 22 22 22 22 22 3 4										
Vehicle Travel Direction: X S E W Responding to Emergency? Citation # (If Issued) T1445734						Most Hampful Front 23									riage		
00/0							Driver Contributing Code 4 24 24 5 11 Totaled										
				on 4: Ch Sec			de/Override	25	-	 owed_			7		6		
				l occupants involve					_			29 3 bag Eje	30 31 Trap	32 Injury	33 Fransp.		$\dashv$
	Name (Last Fir	est Middle)	<u> </u>	Addre See Abo	ess		Age/DOB	Sex		System	Status Sv	vitch C	ode Code	Status	Code	Medical Faci	lity
-	Operator/1	Non-Motorist		See Abo	ve					1 4	1 9	9 0	0	10	1		$\dashv$



## Crash Narrative:

On 10/02/2021 while assigned to marked cruiser N503 at approximately 20:46 hours I, Officer Vazhenin, responded to 601 Washington Street for a report of 2-car motor vehicle accident.

Upon arrival on scene, I spoke to Mr. Jeffrey Yanfeng Xiao (Driver 1), who stated that he was driving eastbound on Washington Street when he observed another car (Vehicle 2) pulling out of 7/11 parking lot at 612 Washington street. Driver 1 said that in order to avoid collision with Vehicle 2, he had to swerve to the left in oncoming traffic lane crossing double yellow line. He said that while he was passing Vehicle 2, Vehicle 2 kept driving and crashed into the passenger side of his car (Vehicle 1).

I then spoke to Ms. Shahrbanou Asadi, the operator of Vehicle 2, who stated that she was pulling out of 7/11 parking lot and was trying to make a left turn on Washington street. She stated that Vehicle 1 "showed up

(continued on next page)								
Witnesses:								
Name (Last, First, Middle)	Address			Phone #	Statement			
Property Damage:					,			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descriptio	n of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	ing Authority Cod	35 de
Address			City			St	Zip	
US DOT #:			_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #		Release code	42

_	Direction 1	Vehicle 1	₂ =Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: → 1	<b>→</b> [:	2	Ŷ		
	_				If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			☐ Off-Street Parkin	ng Lot
					☐ Garage	
					☐ Mall/Shopping (	Center
				+	☐ Other Private W	
					Indicate North by	Arrow
		+		+		
					_	
Crash Narrative:						
out of nowhere" and was t	raveling at hi	gh rate of sp	peed. Ms. Asadi	stated t	that she proceeded making	her left
turn when Vehicle 1 sudden	ly appeared in	the front of	her car and h	er car (	Wehicle 2) crashed into	
passenger side of Vehicle	1.					
It should be noted that Ms	. Asadi did no	t have her dr	river's license	in posse	ession. License plate inq	uiry of
her car (Vehicle 2, MA Reg	.#883MH8) reve	aled the fact	that her driv	er's lice	ense was expired, which s	he
failed to disclose to me w	hen asked abou	t status of h	ner registratio	n and dr	iver's license.	
I ussued a Criminal Applic	ation to Ms. S	hahrbanou Asa	ndi on Massachu	setts Uni	iform Citation #T1445734 :	for Ch.90
S.10 "Unlicensed Operation	of Motor Vehi	cle", Ch.89 S	3.8 "Failure to	yield",	Ch.90 S.11 "License not	in
possession".						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
2 2						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
owner (East, Frist, Middle)	, radiess		Thore #	31 Type	Description of Damagea Froperty	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		25
Carrier Name					Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	# 41 Material N	fame		Material 4 d	ligit# Release code	42
					L	
ANDREI VAZHENIN				N POLICE DEPARTA	10/02/	2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)