

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/02/2021		Time of Crash 20:46 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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	
Route# Direction Name of Roadway/Street At				EAST 601 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000782						3	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator XIAO JEFFREY YANFENG Address 14 PEACH TREE LANE City NEWTON State MA Zip 02459 Insurance Company FARMERS PROPERTY & CASUALTY				Reg # EV9371 Reg Type PAS Reg State MA Veh Year 2021 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled								12	
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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 99 0 0 10 1 13								1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator ASADI SHAHRBANOU Address 391 LINWOOD AVE (apt. 2) City NEWTON State MA Zip 02460 Insurance Company ARBELLA MUTUAL Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) T1445734 Violation 1: Ch 89/8 Sec _____ Violation 2: Ch 90/11/A Sec _____ Violation 3: Ch 90/10/A Sec _____ Violation 4: Ch _____ Sec _____								13	
Reg # 883MH8 Reg Type PAN Reg State MA Veh Year 2003 Veh Make MITSUBISHI Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled				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 99 0 0 10 1								13	



→ 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:

out of nowhere" and was traveling at high rate of speed. Ms. Asadi stated that she proceeded making her left turn when Vehicle 1 suddenly appeared in the front of her car and her car (Vehicle 2) crashed into passenger side of Vehicle 1.

It should be noted that Ms. Asadi did not have her driver's license in possession. License plate inquiry of her car (Vehicle 2, MA Reg.#883MH8) revealed the fact that her driver's license was expired, which she failed to disclose to me when asked about status of her registration and driver's license.

I issued a Criminal Application to Ms. Shahrbanou Asadi on Massachusetts Uniform Citation #T1445734 for Ch.90 S.10 "Unlicensed Operation of Motor Vehicle", Ch.89 S.8 "Failure to yield", Ch.90 S.11 "License not in possession".

#### 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

ANDREI VAZHENIN

NEWTON POLICE DEPART

10/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date