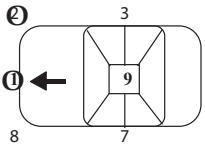


| | | | | | | | | | | | | | |
|-----------------------------|--|--------------------------------|----------------------------------|---------------------|--------------------------------|--|------------------------|----------------------|---------------------|---|--|--|----------|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 10/13/2021 | | Time of Crash 16:19 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 1 | Number Injured 0 | 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: | | | | | | 9 | |
| 1 1 | MASSACHUSETTS TPK EAST | | | | | | | | | | | | 2 10 |
| | Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ | | | | | | | |
| | WEST WASHINGTON ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | | Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____ | | | | | | | |
| 2 1 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | | | 11 1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3 | <input checked="" type="checkbox"/> Vehicle 1 3 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 2100000824 | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 4 3 | License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FARZANA FUN Address 142 WELLS AVE (apt. 2) City BOSTON State MA Zip 02124 Insurance Company GOVERNMENT EMPLOYEE INSURANCE CO | | | | | Reg # 3WP232 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20 Owner HAJIGUL FNU Address 142 (apt. 2) WELLS AVE City BOSTON State MA Zip 02124 Vehicle Action Prior to Crash 1 21 Event Sequence 23 22 22 22 22 2 Most Harmful Event 23 23 Driver Contributing Code 20 24 24 Underride/Override 25 Towed Y | | | | | | | 12 2 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 5 1 | Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | |  | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 6 1 | Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 23 |
| | 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 HAJIGUL, FNU 142 WELLS AVE (apt 2) BOSTON, MA 02124 GIAL, LATFULLAH 142 WELLS AVE (apt 1) BOSTON, MA 02124 | | | | | | | | | | | | |
| 7 3 | Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 8 4 | License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ | | | | | | | 14 2 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | |

→ 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:

Operator of MV1 states she was operating MV1 east on Washington Street in the West Newton rotary, near the off ramp from the Mass Pike. MV1 was in the 2nd travel lane. While operating MV1, the rear passenger, a child, was eating. The rear passenger was eating something spicy and the operator of MV1 thought they were choking. The operator of MV1 turned around to check on the rear passenger. MV1 then jumped the median, striking a traffic light pole, ultimately coming to rest in the 3rd travel lane. No air bag deployment and no reported injuries. Todays towed MV1. Mass DOT notified for th etraffic light and pictures taken and submitted to IT.

Witnesses:

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

Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
| , MASS DOT, | , | | 1 | TRAFFIC LIGHT |
| | | | | |

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