

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/22/2021		Time of Crash 07:52 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	
WEST WASHINGTON ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
NORTH WALSINGHAM 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						1	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000852							
License # --- St XX DOB/Age ---				Reg # UNK		Reg Type PAN		Reg State XX					
Sex ___ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year UNK		Veh Make UNK		Veh Config. 97 20					
Operator UNK UNK				Owner (Same as operator)									12
Address UNK UNK				Address									
City UNK State XX Zip 02460				City		State		Zip					
Insurance Company UNK				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 23 22 30 22 22 22		Most Harmful Event 30 23		Driver Contributing Code 10 24 2 24		Underride/Override 25 Towed N		13	
Citation # (If Issued) _____												23	
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				-----		---		99 99 4 0 0 99 1					
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													
License # --- St DOB/Age				Reg #		Reg Type		Reg State					
Sex ___ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year		Veh Make		Veh Config. 20					
Operator _____				Owner									
Address				Address									
City State Zip				City		State		Zip					
Insurance Company				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)							
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Citation # (If Issued) _____												15	
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___												16	
Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___												17	
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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:

Washington St

2071 Washington St

Washington St

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 10/22/2021, at approx 0752Hrs, while assigned to 497, I responded to 2071 Washington St for a report of a past hit and run with property damage. Upon arrival I observed the tire tracks leading from the right westbound lane leading over the curb, knocking over a chain link fence and post. There were tire ruts into the side yard of 2071 Washington St, and there was a End of Reduced Salt sign and post wedged into the ground of the homeowners side yard. I spoke with the property owner, Ali Shamser who stated at approx midnight he heard a loud bang, and looked out his window, saw nothing in the road but did not think to look down into his side yard. Ali's home is across the street from Newton Wellesley Hospital and next to Route 128 as well as on a very busy road so he is used to hearing crashes and sirens regularly. Ali stated at approx 0745Hrs when he left his home to take his children to school he noticed his damaged fence and yard. Ali has no

(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
ALI, SHAMSER	2071 WASHINGTON ST NEWTON, MASSACHUSETTS 0	8575265555	97	FENCE
CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS	6177961000	3	REDUCED SALT SIGN AND POST

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

