

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/02/2021		Time of Crash 17:31 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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	
Route# Direction Name of Roadway/Street At				NORTH 1201 CENTRE 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 2100001012						1	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator JOSEPH STEVENSON Address 105 FRANKLIN AVE (apt. 111) City REVERE State MA Zip 02151 Insurance Company COMMERCE INSURANCE				Reg # 9HK811 Reg Type PAN Reg State MA Veh Year 2003 Veh Make HONDA 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 3 22 22 22 22 2 Most Harmful Event 3 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y								12	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled								13	
Please fill out for operator and all occupants involved				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								3	
Operator See Above													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # 3JMM39 Reg Type PAN Reg State MA Veh Year 2017 Veh Make KIA Veh Config. 2 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 97 22 22 22 22 2 Most Harmful Event 97 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								8	
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Operator/Non-Motorist See Above													

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Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		Feet N S E W of Mile Marker Exit Number					10							
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<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped												
License # St DOB/Age			Reg # Reg Type Reg State		Veh Year Veh Make Veh Config.					12							
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20														
Operator Last First Middle			Owner Last First Middle		City State Zip												
Address			Address		City State Zip												
Insurance Company			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)												
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22		10 Undercarriage												
Citation # (If Issued)			Most Harmful Event 23		5 11 Totaled												
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24														
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed														
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License # St DOB/Age			Reg # Reg Type Reg State		Veh Year Veh Make Veh Config. 20												
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20														
Operator ARIF AHMED			Owner Last First Middle		City State Zip												
Address 141 PARKER ST (apt. 1)			Address		City State Zip												
City NEWTON State MA Zip 02459			City State Zip		Vehicle Action Prior to Crash 21												
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Operator/Non-Motorist			See Above		7 2					BRIGHAM & WOMANS							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Vehicle #1 was traveling northbound on Centre St. at approximately 25 MPH when they witnessed someone enter the roadway on foot from between two parked cars and attempted to cross the road. Vehicle #1 stated they attempted to stop but was unable to do so and struck the person with the front left corner and windshield of the vehicle.

The pedestrian and owner of Vehicle #2 stated he parked his vehicle on the right side of the road and exited the car. He stated he was walking towards the crosswalk and attempted to cross the street from the front of his vehicle. All he remembers is taking a few steps out into the road, being hit, and flying before hitting the ground. He was unaware where he was struck from.

Vehicle #1 had moderate damage to the front and windshield and was towed by Tody's towing. Vehicle #2 was

(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

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

DERICK ALAN SIEGAL	30878	NEWTON POLICE DEPART	12/02/2021
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:

uninvolved in the crash and was parked at the time. The owner of Vehicle #2 and pedestrian struck was injured and transported by Medics to Brigham and Womens Hospital for injuries to his head, left arm, and left leg.

Operator of Vehicle #1 stated he was uninjured and refused any medical treatment.

It should be noted that the accident happened outside the crosswalk and the street lights above where the accident occurred were not working at the time of the crash making the roadway dark and visibility difficult. Photos of the accident were taken and saved on a memory card.

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DERICK ALAN SIEGAL

30878

NEWTON POLICE DEPART

12/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date