

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/20/2021	Time of Crash 11:59 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 1229 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100001065		
License # _____ St MA DOB/Age _____			Reg # 339S70			Reg Type PAS			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2020			Veh Make NISS			Veh Config. 2 20		
Operator HAROUTOUNIAN MARINE Last First Middle			Owner INFINITI LT NISSAN Last First Middle								
Address 33 DAVIS RD			Address 915 (apt. PMB/C) L ST								
City BELMONT State MA Zip 02478			City SACRAMENTO State CA Zip 95814								
Insurance Company ARBELLA			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator			See Above			-----		---		NONE	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____										Reg # CJE9634	
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____										Reg Type PAS	
Veh Year 2020										Reg State GA	
Veh Make DODG										Veh Config. 2 20	
Operator ALVARADO JENSEN A Last First Middle										Owner HOLDINGS LLC EAN Last First Middle	
Address 75 ADAMS ST (apt. 2)										Address 5909 PEACHTREE DUNWOODY RD	
City WALTHAM State MA Zip 02453										City ATLANTA State GA Zip 30328	
Insurance Company SELF INSURED										Vehicle Action Prior to Crash 4 21	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence 1 22 22 22 22	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										1 23	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Most Harmful Event 1 23	
Driver Contributing Code 99 24 24										1 9	
Underride/Override 25 Towed N										8 7 6	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator/Non-Motorist			See Above			-----		---		NONE	

Crash Narrative:

The operator of MV#1 states that she was traveling west on Washington St when MV#2 exited #1229 Washington St and attempted to turn left when crash occurred.

The operator of MV#2 states that he had already exited the property, was on the east bound side of Washington St when MV#1 crossed the yellow line when crash occurred.

No witnesses, though Enterprise Rental at #1229 Washington St does have exterior cameras and will notify me if the crash was recorded. No tows, no injuries.

I did 2 separate crash drawings for this crash because both operators had such different versions of the crash.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

GEORGE M CLAFLIN			NEWTON POLICE DEPART		12/20/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					