

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/08/2022	Time of Crash 14:06 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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 _____			EAST 1200 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000026			
License # _____ St MA DOB/Age _____			Reg # 97SR87		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make TOYOTA		Veh Config. 1 20			
Operator JORDAN HELEN J			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 925 CHESTNUT ST			Address _____		First _____ Middle _____		Last _____			
City WABAN State MA Zip 02468			City _____ State _____ Zip _____		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company AMICA			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Most Harmful Event 1 23		1 9		5 11 Totaled			
Citation # (If Issued) _____			Driver Contributing Code 1 24 24		7 6					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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 4 0 0 10 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 _____			Reg # 547TB1		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2007		Veh Make TOYOTA		Veh Config. 2 20			
Operator IQBAL YAHYA			Owner IQBAL TANWEER		First _____ Middle _____		Last _____			
Address 15 MT. VERNON ST.			Address 15 MT. VERNON ST.		First _____ Middle _____		Last _____			
City BRIGHTON State MA Zip 02135			City BRIGHTON State MA Zip 02135		Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company COMMERCE			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			Most Harmful Event 1 23		1 9		5 11 Totaled			
Citation # (If Issued) _____			Driver Contributing Code 19 24 24		7 6					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N							
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/Non-Motorist			See Above		1 4 4 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

1200 washington st

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:

ON 1-8-22 AT APPROX. 1406HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1200 WASHINGTON ST. (WEST NEWTON GULF) I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON WASHINGTON WHEN VEHICLE #2 TURNED TOWARD HER FROM THE OPPOSITE LANE AND CRASHED INTO HER VEHICLE. DRIVER OF VEHICLE #2 STATES HE WAS TRAVELING W-BOUND ON WASHINGTON ST. AND WANTED TO TURN LEFT INTO THE GULF STATION. DRIVER STATES HE MISJUDGED THE DISTANCE BETWEEN HIM AND VEHICLE #1 AND WHILE TURNING CRASHED INTO VEHICLE #1. VEHICLE #1 HAD LEFT FRONT END DAMAGE AND A FLAT LEFT FRONT TIRE AND WAS TOWED BY TODYS. VEHICLE #2 HAD LEFT FRONT END DAMAGE BUT WAS STILL OPERATIONAL. ALL PARTIES REPORTED NO INJURIES AND WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH

NEWTON POLICE DEPART

01/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date