

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/14/2022		Time of Crash 23:25 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 35 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	
EAST NAHANTON ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
SOUTH WINCHESTER ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						1			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000046							
License # --- St MA DOB/Age ---				Reg # 4PZT90 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2005 Veh Make TOYTA Veh Config. 1 20									
Operator GUREKIAN GABRIEL				Owner (Same as operator)								12	
Address 19 BURNSIDE RD				Address _____								1	
City NEEDHAM State MA Zip 02494				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 42 22 23 22 42 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 22 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 16 24 9 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13	
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				22	
Operator See Above				0 1 1 0 0 10 2				BETH ISRAEL					
ZHANG, GUIFANG 276 BELLEVUE ST WEST ROXBURY, MA 02132				F 3 99 1 1 0 0 10 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) _____				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 _____									
Please fill out for operator and all occupants involved												13	
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				22	
Operator/Non-Motorist See Above				0 1 1 0 0 10 1									

Crash Narrative:

MV1 was driving westbound on Nahanton St when it crossed the median and struck a Beth Israel Hospital sign at the intersection of Wells Ave and Nahanton St. MV1 then continued on Nahanton St crossing back over the median before colliding with a Verizon utility pole at the intersection of Nahanton St and Winchester St. The passenger of MV1 stated the operator of MV1 had a diabetic episode behind the wheel. Due to the medical episode I was unable to speak to the operator of MV1. The operator of MV1 was transported to Beth Israel Hospital. MV1 was towed from the scene by Todys.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
			99	BETH ISRAEL HOSPITAL SIGN

KEVIN JOYCE			NEWTON POLICE DEPT		01/15/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					