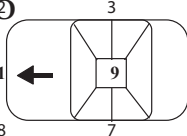
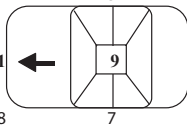


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/27/2022		Time of Crash 10:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
SOUTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
EAST 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 type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000078						3	
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator ROOZBEHANI ALI Address 239 WATERTOWN ST (apt. 210) City NEWTON State MA Zip 02458 Insurance Company GEICO				Reg # 3HCX44 Reg Type PAN Reg State MA Veh Year 2019 Veh Make TOY Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 2 3 4 Most Harmful Event 3 23 Driver Contributing Code 13 24 3 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) T2016735 Violation 1: Ch 89/11 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved												3	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 2 15 Location 1 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Age _____ Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator LIN JINNY Address 97 LOWELL AVE City NEWTON State MA Zip 02460 Insurance Company _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____								13	
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator/Non-Motorist See Above													

→ 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:

On 01/27/2022 while working a detail for Feeney Utility Co, Lt Healy called over the air that he had just witnessed a motor vehicle pedestrian accident at his location and that no one was injured. On arrival I spoke to the pedestrian involved, Jinny Lin who stated he was walking northbound on Lowell Ave and was crossing Highland Ave in the marked crosswalk when he was struck by vehicle 1. Lin stated he was more than halfway across the street when he was struck. Lin said he was only bumped by the vehicle and was never knocked over. Lin had already notified his mother, Tina Chan who arrived on scene shortly after. Lin was seen by Fallon medics and signed a patient refusal.

I then spoke to the operator of vehicle, Ali Roozbehani who stated he was traveling southbound on Lowell Ave and saw that it was blocked off and detoured down Highland Ave due to road construction. Roozbehani said he

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
HEALY, SEAN, P	1321 WASHINGTON ST NEWTON, MA 02565	-----	Y

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

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

MICHAEL ANTHONY IAROSSI **NEWTON POLICE DEPARTMENT** **01/27/2022**

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:

was slightly blinded due to solar glare as he made a left turn onto Highland Ave and as he did so struck a pedestrian. Roozbehani had no damage to his vehicle and was uninjured.

I took several digital images of the scene and submitted them to IT to be attached to this report.

Roozbehani was issued MA Uniform Citation #T2016735 for 89/11 pedestrian in a crosswalk.

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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

01/27/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date