

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/29/2022		Time of Crash 19:12 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 85 CHARLESBANK RD 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	
3 8 <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000085					
License # _____ St MA DOB/Age _____				Reg # 3AAT79				Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012				Veh Make FORD		Veh Config. 2 20			
Operator SAHAKYAN HARUTYAN Last First Middle				Owner (Same as operator)				Last First Middle				12	
Address 518 WATERTOWN ST				Address _____				Last First Middle					
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____									
Insurance Company SAFECO INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 36 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 36 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 6 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				8 7 6					
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												30	
Operator See Above				---				---					
ASLANYAN, ASHOT 13232 MILLRCE SUN VALLEY, CA 91312				---				M 3 1 1 99 0 0 10 1					
7 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 _____ Last First Middle				Owner _____ Last First Middle									
Address _____				Address _____				Last First Middle					
City _____ State _____ Zip _____				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				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 23				10 Undercarriage					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				8 7 6					
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				-----				---					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

MV Operator states he was traveling straight ahead when his Ford Transit slid out of control because of the severe snow storm. MV Operator slid into a small concrete median/island in the middle of the intersection. The Motor Vehicle's steering wheel air bag deployed when hitting the island. The MV Operator and the passenger did not suffer any injuries and denied medical attention. The Motor Vehicle sustained damage to the front center and was Towed by Tody's Service Inc as it was inoperable.

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

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

CHRISTOPHER PERRY **NEWTON POLICE DEPART** **01/29/2022**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00