

Police Use Only			Commonwealth of Massachusetts				RMV Document Number											
Date of Crash 02/23/2022		Time of Crash 14:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 5 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				NORTH 66 COUNTRY CLUB RD								2						
				Route# Direction Address # Name of Roadway/Street								10						
				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number														
				Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								11						
1 1		2 1		3		Vehicle 1 1 #Occupants		Hit/Run		Moped		Case Number 22000173		1				
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator JALINOUS HOMAYOUN Address 66 COUNTRY CLUB RD City NEWTON State MA Zip 02459 Insurance Company SAFETY				Reg # 8512HV Reg Type PAN Reg State MA Veh Year 1999 Veh Make HONDA Veh Config. 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 35 22 22 22 22 2 Most Harmful Event 35 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled		12				
5 1				Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13		
6 1				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								97		
				Operator See Above														
7 1				Please Select One of the Following: Vehicle #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped														
8 4				License # --- St DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ 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 _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____								Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled		
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				Operator/Non-Motorist See Above														

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Vehicle #1

66 Country club Rd. Garage

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:

Operator of vehicle #1 stated that she pulled into her driveway and stopped to open the garage door. Operator #1 Stated as she was waiting for the garage door to open she accidentally stepped on the accelerator and drove through the garage door.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
JALINOUS, HOMAYOUN,	66 COUNTRY CLUB RD NEWTON, MASSACHUSETTS 0		97	GARAGE DOOR

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

DANIEL NARDELLI

NEWTON POLICE DEPART

02/24/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date