Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town
04/07/2022	10:45	NEWTON
	24HR	

Number Vehicles	Number Injured	Speed Limit **30**	State Police ☐
2	0	Latitude _____	Local Police ☒
		Longitude _____	MBTA Police ☐
			Other:

AT INTERSECTION: < LOCATION >   NOT AT INTERSECTION:

1 / **1**

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

2 / **2**

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 [9]

WEST   31   LINCOLN ST

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

2 [10]

_____ Feet N S E W of _____ • _____ or _____
Mile Marker   Exit Number

_____ Feet N S E W of _____
Route# _____ Intersecting Roadway/Street _____

4 [11]

_____ Feet N S E W of _____
Landmark _____

3

☒ Vehicle 1   **1** # Occupants   ☐ Hit/Run   ☐ Moped   Case Number   **22000279**

License # **---**   St **MA**   DOB/Age **-- ----**

Sex **F**   Lic. Class **D** [18] [18]   Lic. Restrictions **1** [19]   CDL Endorsment _____

4 / **1**

Operator **MINAI** (Last)   **MINA** (First)   (Middle)

Address **344 BOYLSYON STREET (apt. D)**

City **NEWTON**   State **MA**   Zip **02459**

Insurance Company **THE COMMERCE INSURANCE**

5 / **2**

Vehicle Travel Direction: N S ☒W   Responding to Emergency? **N**

Citation # (If Issued) _____

Violation 1: Ch_____ Sec_____ Violation 2: Ch_____ Sec_____

6 / **1**

Violation 3: Ch_____ Sec_____ Violation 4: Ch_____ Sec_____

Reg # **21KM34**   Reg Type **PAN**   Reg State **MA**

Veh Year **2014**   Veh Make **MERCEDES**   Veh Config. **1** [20]

Owner **(Same as operator)** (Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash **11** [21]

Event Sequence **1** [22] _ [22] _ [22] _ [22]

Most Harmful Event **1** [23]

Driver Contributing Code **1** [24] _ [24]

Underride/Override _ [25]   Towed **N**

1 [12]

Damaged Area Code: (Circle Up to Three)

10 Undercarriage
11 Totaled

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	--------	---	0	4	99	0	0	10	1		

2 [13]

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7 / **1**

Please Select One of the Following: ☒ Vehicle 2   **1** # Occupants   ☐ Non-Motorist A   Type [14]   Action [15]   Location [16]   Condition [17]   ☐ Hit/Run   ☐ Moped

License # **---**   St **MA**   DOB/Age **-- ----**

Sex **F**   Lic. Class **D** [18] [18]   Lic. Restrictions **1** [19]   CDL Endorsment _____

8 / **1**

Operator **KIRDAR** (Last)   **TAMARA** (First)   (Middle)

Address **900 GREENDALE AVE (apt. 8)**

City **NEEDHAM**   State **MA**   Zip **02492**

Insurance Company **THE STANDARD FIRE CO**

Vehicle Travel Direction: N S ☒W   Responding to Emergency? **N**

Citation # (If Issued) _____

Violation 1: Ch_____ Sec_____ Violation 2: Ch_____ Sec_____

Violation 3: Ch_____ Sec_____ Violation 4: Ch_____ Sec_____

Reg # **3VZE99**   Reg Type **PAN**   Reg State **MA**

Veh Year **2021**   Veh Make **AUDI**   Veh Config. **2** [20]

Owner **(Same as operator)** (Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash **6** [21]

Event Sequence **2** [22] _ [22] _ [22] _ [22]

Most Harmful Event **2** [23]

Driver Contributing Code **12** [24] _ [24]

Underride/Override _ [25]   Towed **N**

Damaged Area Code: (Circle Up to Three)

10 Undercarriage
11 Totaled

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	99	0	0	10	1		

Crash Diagram:

Direction → 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1   → 2   → Pedestrian

⟵ N ⟹

NOT TO SCALE

Unit 1

SALON CAPRI
31 LINCOLN ST

P.O.I.

Unit 2

LINCOLN 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:

The operator of MV1 (MA reg 21KM34) stated she parked her vehicle in front of 31 Lincoln Street when her car was hit. The operator came out of Salon Capri and noticed a big dent in the left rear bumper. A witness at the Salon was able to write down the license plate and make of the vehicle that hit MV1. The witness also informed me the car pulled into the Hartford St municipal lot.

I walked over to the lot and observed the vehicle was parked and unattended at this time. I attempted to find the owner in the surrounding stores with negative results. I observed the damage on the vehicle and I was able to match it up with MV1. There was damage all along the left passenger side. I left a note on the window of MV2 informing the operator to contact Newton Police

The operator of MV2 (MA reg 3VZE99) stated she was attempting to parallel park and did not realize she

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
KALFON , DANIELLE, MARTINE	18 (apt #3) LINCOLN ST NEWTON,MA 02461-1549	------	N

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]

MARK D HAGOPIAN		NEWTON POLICE DEPARTM		04/07/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00

Crash Diagram:

Direction → | 1 ⊨ Vehicle 1 | 2 ⊨ Vehicle 2 | ♀ Pedestrian

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:

struck MV1. Both vehicles had minor damage and were able to drive away without any issues.

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]

MARK D HAGOPIAN

NEWTON POLICE DEPARTM

04/07/2022

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

CDP1 11 ·24·00