Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police
05/08/2022	22:17 24HR	NEWTON	2	1	30	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 4 — Route# SOUTH Direction WALNUT ST Name of Roadway/Street

At

Route# WEST Direction WATERTOWN ST Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street — 2 9

Feet N S E W of ___ ___ ___ • ___ or ___ Mile Marker Exit Number — 2 10

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

Feet N S E W of Landmark — 3 11

3 1 — ☒ Vehicle 1 5 #Occupants ☐ Hit/Run ☐ Moped Case Number 22000379

License # --- St MA DOB/Age -- -- ---- Reg # 1ZXF16 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20

4 3 — Operator YOUSAF (Last) MAAB (First) (Middle) Owner YOUSAF (Last) WAQAR (First) (Middle) — 1 12

Address 43 HARGRAVE CIRCLE Address 43 HARGRAVE CIRCLE

City NEWTON State MA Zip 02461 City NEWTON State MA Zip

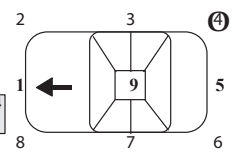
Insurance Company GEICO Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)

5 1 — Vehicle Travel Direction: N S E ☒ Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24

6 1 — Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved — 1 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
Operator	See Above	- - - - - - - -	- - -	- - -	1	4	1	0	0	10	1	
YOUSAF, BILAL	43 HARGRAVE CIRCLE NEWTON, MA	-- -- ----	M	3	1	4	99	0	0	10	1	
YOUSAF, HAMZA	48 CUSHMAN RD. BRIGHTON, MA	-- -- ----	M	99	1	99	99	0	0	10	1	
YOUSAF, ABRAR	43 HARGRAVE DR NEWTON, MA 02461	-- -- ----	M	99	99	4	1	0	0	10	1	

7 2 — 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 DOB/Age -- -- ---- Reg # XXXXXX Reg Type Reg State XX

Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment Veh Year 2021 Veh Make ZHEJIANG Veh Config. 97 20

8 1 — Operator HERNANDEZ ROSAl WILLIAN (Last) (First) (Middle) Owner (Same as operator) (Last) (First) (Middle)

Address UNK Address

City State Zip City State Zip

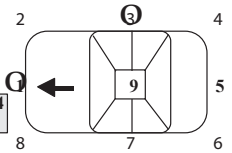
Insurance Company UNKNOWN Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24

Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y



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	- - - - - - - -	- - -	- - -	0	5	99	0	0	9	2	MGH

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Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
05/08/2022	22:17 24HR	NEWTON	2	1	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 — Route# | Direction | Name of Intersecting Roadway/Street

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 — 11
Feet N S E W of Landmark

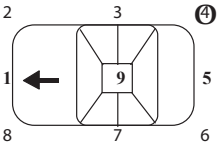
3 — ☒ Vehicle 1 | 5 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number: 22000379

Vehicle 1

License # --- St MA DOB/Age -- -- ----
Sex F | Lic. Class D (18) (18) | Lic. Restrictions 1 (19) | CDL Endorsment
Operator YOUSAF (Last) MAAB (First) (Middle) — 4
Address 43 HARGRAVE CIRCLE
City NEWTON State MA Zip 02461
Insurance Company GEICO
5 — Vehicle Travel Direction: N S E ☒ | Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec | Violation 2: Ch Sec
6 — Violation 3: Ch Sec | Violation 4: Ch Sec

Reg # 1ZXF16 | Reg Type PAN | Reg State MA
Veh Year 2008 | Veh Make TOYOTA | Veh Config. 1 (20)
Owner YOUSAF (Last) WAQAR (First) (Middle) — 12
Address 43 HARGRAVE CIRCLE
City NEWTON State MA Zip
Vehicle Action Prior to Crash 4 (21)
Event Sequence 1 (22) (22) (22) (22)
Most Harmful Event 1 (23)
Driver Contributing Code 1 (24) (24)
Underride/Override (25) Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

13 — 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	--------	---	---								
YOUSAF, LAILA	43 HARGRAVE DR NEWTONJ, MA	-- -- ----	F							10	1	

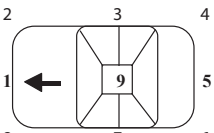
7 — Please Select One of the Following: ☐ Vehicle ___ # Occupants | ☐ Non-Motorist A Type (14) Action (15) Location (16) Condition (17) | ☐ Hit/Run | ☐ Moped

Vehicle

License # St DOB/Age
Sex Lic. Class (18) (18) | Lic. Restrictions (19) | CDL Endorsment
8 — Operator (Last) (First) (Middle)
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 (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash (21)
Event Sequence (22) (22) (22) (22)
Most Harmful Event (23)
Driver Contributing Code (24) (24)
Underride/Override (25) Towed

Damaged Area Code: (Circle Up to Three)



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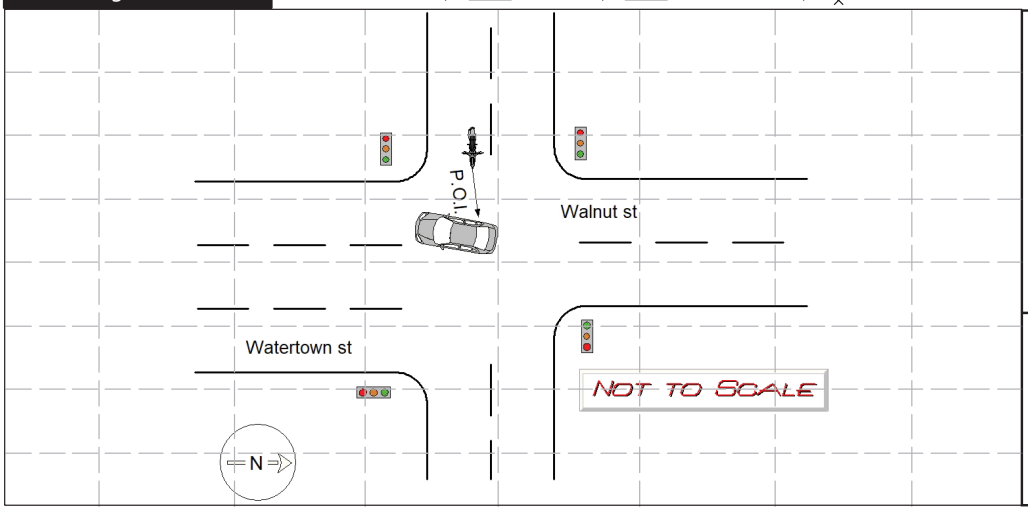
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	--------	---	---								

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:

MV1 was taking a left on Watertown St on to Walnut St, both public ways in the City of Newton when MV2 ran a red light and collided with the back passenger side of MV1. Driver of MV1 stated she had green left arrow and MV2 drove through a red light. No statement from operator of MV2 at this time. Operator of MV2 was transported to Mass General Hospital with non fatal injury. Attempted to get MV2'S address through the RMV but was unsuccessful. Dispatch also attempted to obtain the address or any info on operator of MV2 but were unsuccessful.

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]

JOSEPH CUNNING		NEWTON POLICE DEPARTM			05/08/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00