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|--|--|--------------------------------|-------------------------------|---|--|---|---------------------|----------------------|---------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 05/30/2022 | | Time of Crash 10:33 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 10 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 276 CHURCH ST | | Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street YMCA PARKING LOT Landmark | | | | | | 2 | |
| | | | | | | | | | | | | 10 | |
| | | | | | | | | | | | | 11 | |
| | | | | | | | | | | | | 3 | |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 22000464 | | | | | |
| License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE DIRECT | | | | Reg # 2VKZ97 Reg Type PAN Reg State MA Veh Year 2019 Veh Make TOYOTA Veh Config. 2 20 Owner TAHOUN TAMER M Address 32 ROSSMERE ST City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 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 5 11 Totaled 9 | | | | | | 12 | |
| Vehicle Travel Direction: N 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 _____ | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | 2 | |
| Operator See Above | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator GILBERT RALPH Address 103 HUNNEWELL AVE City NEWTON State MA Zip 02458 Insurance Company LIBERTY MUTUAL | | | | Reg # 433NT9 Reg Type PAN Reg State MA Veh Year 2018 Veh Make SUBARU Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 20 24 24 Underride/Override 25 Towed N | | Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 9 | | | | | | | |
| Vehicle Travel Direction: N X 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 _____ | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

#276 CHURCH ST YMCA

Unit 1

Unit 2

N

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 May 30th, 2022 at approximately 10:33 hours, while assigned to N491 I responded to #276 Church St, the YMCA parking lot for a report of a MV crash.

On my arrival I located both involved vehicles in front of the main entrance doors to the YMCA.

Vehicle #1 was a White 2019 Toyota RAV4, Ma. plate 2VKZ97. Owner was identified as Tamer M. Tahoun. He stated he was sitting in his parked vehicle in front of the YMCA when vehicle#2 struck his vehicle as it was backing into a parking space behind him. Vehicle #1 sustained damage to its drivers side rear quarter.

Vehicle #2 was a 2018 Green Subaru Forester, Ma plate, 433NT9, operated by a Ralph Gilbert. He stated he was attempting to back into a parking space behind vehicle #1 when he struck vehicle#1. His vehicle sustained damage to its passenger side front quarter.

(Continued on next page)

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

THOMAS J MCCARTHY

NEWTON POLICE DEPT

05/30/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

