

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/20/2019	Time of Crash 22:32 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
16 WEST WASHINGTON ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number								
90 WEST MASS PIKE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark								
Route# Direction Name of Intersecting Roadway/Street											
☒ Vehicle 1 # Occupants			☐ Hit/Run			☐ Moped			Case Number 190000086		
License # --- St MA DOB/Age ---			Reg # 7SE856 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL Endorsment			Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20								
Operator GULABUDIN ISLAMUDIN Last First Middle			Owner (Same as operator) Last First Middle								
Address 80 NEWBURY ST			Address								
City FRAMINGHAM State MA Zip 01701			City State Zip								
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 25 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 25 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y								
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			-----			99 4 99 0 0 5 1			NONE		
Please Select One of the Following:			☐ Vehicle # Occupants			☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17			☐ Hit/Run ☐ Moped		
License # --- St DOB/Age ---			Reg # Reg Type Reg State								
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20								
Operator Last First Middle			Owner Last First Middle								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
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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 → Pedestrian

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:

MV1 was traveling Westbound on Washington St. at the intersection of the Massachusetts Turnpike off ramp, when the vehicle skidded to the right up onto the median and into a snowbank. The vehicle was towed from the scene by Tody's and no injuries were reported.

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