

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/18/2019		Time of Crash 08:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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		
EAST WASHINGTON ST Route# Direction Name of Roadway/Street At 95 NORTH 128 N OFF RAMP Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				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 Feet N S E W of _____ Landmark								10		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000090					11	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____ Operator MONIR EJEMEL Address 9 THOMAS CLEWES RD City MEDFIELD State MA Zip 02052 Insurance Company GEICO				Reg # 8RX338 Reg Type PAN Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N								12		
Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 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								1		
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 1 19 CDL _____ Operator COLGATE KENNETH Address 43 MAGILL DR City GRAFTON State MA Zip 01519 Insurance Company COMMERCE				Reg # 2GKG20 Reg Type PAN Reg State MA Veh Year 2014 Veh Make AUDI Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								13		
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Operator/Non-Motorist				See Above										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Rt 128N off ramp

Ma Reg 2GKG20

Ma Reg 8RX338

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On 1/18/19 at approx 0800hrs while assigned to 497 I responded to the area of Washington St at 128 N off ramp for a report of a two car collision without injury. Upon arrival I met with the operator of Ma Reg 2GKG20 Kenneth COLGATE who stated he was travelling EB on Washington ST when he was struck from behind by the operator of Ma Reg 8RX338 Ejemel MONIR. COLGATE stated although MONIR did give him his lic and reg information he left prior to my arrival.

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