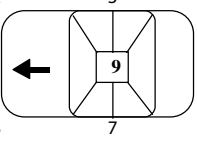
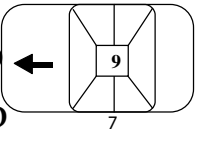
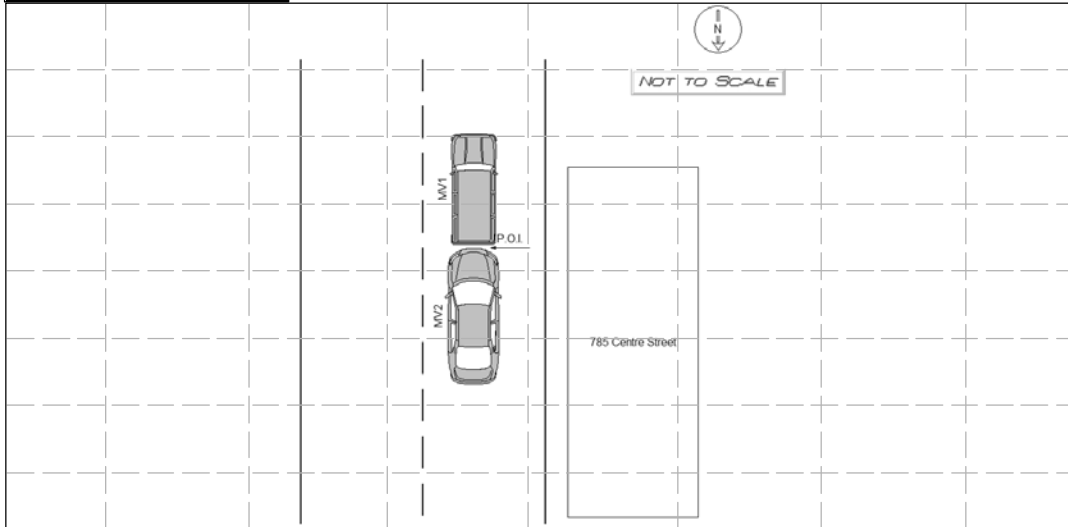


Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 03/06/2019	Time of Crash 17:53 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
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				SOUTH 785 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000245									
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator LEESE MARY SHEILA Address 28 BYFIELD RD City WABAN State MA Zip 02468 Insurance Company METRO CORP Vehicle Travel Direction: N X 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 # 77CE85 Reg Type PAN Reg State MA Veh Year 2018 Veh Make AUDI 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 1 24 24 Underride/Override 25 Towed N 											
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															
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 Endorsment Operator OZTURK EMRE Address 15 MIDDLE ST City NEWTON State MA Zip 02458 Insurance Company COMMERCE Vehicle Travel Direction: N X 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 # 877BP4 Reg Type PAN Reg State MA Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20 Owner ALBAYRAK SAHARA Address 15 MIDDLE ST City NEWTON State MA 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 5 24 24 Underride/Override 25 Towed N 											
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 →

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:

Operator of MV1 was traveling southbound on Centre Street. She stated there was heavy stop and go traffic. MV2 struck the rear of her vehicle when she came to a complete stop as she passed 785 Centre Street. Operator of MV2 said he did not how close he was to MV1 and rear ended the vehicle. Both parties were uninjured and declined medical attention. MV1 had minor rear end damage and MV2 had moderate front end damage. Both vehicles were able to be driven from the scene.

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