

Police Use Only			Commonwealth of Massachusetts				RMV Document Number														
Date of Crash 03/10/2019		Time of Crash 16:15 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 30 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									
NORTH CENTRE ST Route# Direction Name of Roadway/Street At WEST COMMONWEALTH AVE 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								2	10								
1 1				3 3								11	3								
3				Vehicle 1 1 #Occupants Hit/Run Moped Case Number 190000263																	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator ALI WAQAS Address 32 EVERIT AVE City FRAMINGHAM State MA Zip 01702 Insurance Company GOVT EMPLOYEE INS				Reg # 5HY757 Reg Type PAN Reg State MA Veh Year 1995 Veh Make TOYOTA Veh Config. 1 20 Owner ALI SHERAZ Address 32 EVERIT AVE City FRAMINGHAM State MA Zip 01702 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 3 24 24 5 11 Totaled Underride/Override 25 Towed Y								12									
5 1				Vehicle Travel Direction: X S E W Responding to Emergency? Citation # (If Issued) T1440496 Violation 1: Ch 89/9 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec																	
6 2				Please fill out for operator and all occupants involved								13	1								
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above --- 1 1 0 0 5 1																	
7 2				Please Select One of the Following: Vehicle 2 2 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped																	
8 1				License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator BANKHEAD RICHARD R Address 448 WARD ST City NEWTON State MA Zip 02459 Insurance Company SAFETY INS Vehicle Travel Direction: N S E X Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec								Reg # EV2289 Reg Type PAS Reg State MA Veh Year 2017 Veh Make TESLA 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 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																	
Operator/Non-Motorist See Above				--- 1 4 3 0 0 3 1																	
THOMPSON, KEMPER, N 448 WARD ST NEWTON, MA 02459				--- M 3 1 4 3 0 0 3 1																	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Commonwealth Ave

Centre St

NOT TO SCALE

Commonwealth Ave

Centre St

MV2

MV1

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 March 10, 2019 at approximately 16:15 hours I responded to Commonwealth Ave and Centre St. for a motor vehicle crash.

Operator of MV2 said that he was driving westbound on Commonwealth Ave through the green light and was hit by MV1. The operator of MV1 said that he was traveling northbound on Centre St. and did not see the red light until last minute because a truck was blocking the signals.

Both passengers of MV2 complained of minor soreness and refused medical transport. The operator of MV1 was issued a civil motor vehicle citation (T1140496) for MGL90/7 failure to stop at red light.

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

CHARLES P GUARINO	38802	NEWTON POLICE DEPART	03/10/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00