

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/14/2019		Time of Crash 21:21 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 25 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			
QUINOBEQUIN RD												2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10			
At															
EAST WASHINGTON ST															
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Mile Marker _____ Exit Number _____											
Also at Intersection with															
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Route# Intersecting Roadway/Street _____								11			
								Landmark				3			
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number		190000285							
License # --- St MA DOB/Age ---				Reg # 4JE380 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2009 Veh Make HONDA Veh Config. 2 20											
Operator RAZVI RUHEENA				Owner (Same as operator)										12	
Address 25 WEBB PLACE				Address											
City MANSFIELD State MA Zip 02048				City _____ State _____ Zip _____											
Insurance Company QUINCY MUTUAL FIRE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
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				1			
Operator See Above				-----											
HENSHAW, SUMAYYA 25 WEBB PLACE MANSFIELD, MA 02048				----- F 5 1 4 4 0 0 5 1											
HENSHAW, ILYAS 25 WEBB PLACE MANSFIELD, MA 02048				----- M 6 4 4 4 0 0 5 1											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 ---				Reg # 949FZ9 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2005 Veh Make TOYOTA Veh Config. 2 20											
Operator DOUGHERTY MATTHEW S				Owner DOUGHERTY JOHN T											
Address 115 GARDEN ST				Address 11 ROSEGATE RD											
City NEEDHAM State MA Zip 02492				City NEEDHAM State MA Zip 02494											
Insurance Company COMMERCE				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				5 11 Totaled							
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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				1			
Operator/Non-Motorist See Above				-----											
MASLOW, MATTHEW 63 PRINCE ST NEEDHAM, MA 02492				----- M 3 1 4 4 0 0 5 1											

→ 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:

The OP. of MV#1 states while travelling eastbound on Washington Street, she had a green light through an intersection. MV#2 suddenly made a turn into her lane of travel, resulting in them colliding together.

The OP. of MV#2 states he was on the westbound lane of Washington Street. When a green arrow came on, he proceeded to make a left turn when MV#1 kept approaching in the opposite direction and they collided together.

Traffic lights appear to be working fine and there's no witnesses.

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