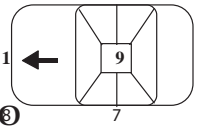
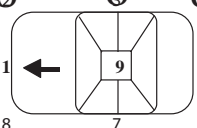


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/29/2019	Time of Crash 10:45 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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 _____			EAST 1232 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000326		
License # _____ St MA DOB/Age _____			Reg # TA18484			Reg Type CON			Reg State MA		
Sex M Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>99</u> <u>19</u> CDL _____			Veh Year 2012			Veh Make FORD			Veh Config. <u>1</u> <u>20</u>		
Operator KADOMA REGAN MUHWEZI Last First Middle			Owner TAXI OF NEWTON VETERANS Last First Middle								
Address 3 BARON PARK LANE (apt. 8)			Address 224 CALVARY ST								
City BURLINGTON State MA Zip 02453			City WALTHAM State MA Zip 02453								
Insurance Company NATIONAL INTERSTATE			Vehicle Action Prior to Crash <u>4</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>						10 Undercarriage 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>9</u> <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										17	
<input checked="" type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____										Reg # 5HW272	
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____										Reg Type PAN	
Veh Year 2018										Reg State MA	
Veh Make TOYT										Veh Config. <u>2</u> <u>20</u>	
Operator _____ Last First Middle										Owner WELCH JEFFERY Last First Middle	
Address _____										Address 369 ELM ST	
City _____ State _____ Zip _____										City MANSFIELD State MA Zip 02048	
Insurance Company PROGRESSIVE DIRECT										Vehicle Action Prior to Crash <u>1</u> <u>21</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Most Harmful Event <u>1</u> <u>23</u>	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>	
Underride/Override <u>25</u> Towed N											
Please fill out for operator and all occupants involved										8	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Jacobs Auto Body
#1232 Washington St

Unit 1

Unit 2

Washington Street

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:

The operator of MV#1 stated that he was traveling east on Washington St in the right hand lane in front of #1232 Washington St when his MV was struck by MV#2, who was also traveling east on Washington St in the left bound lane.

The female operator of MV#2 pulled over initially, but then left the area. Operator #1 took a photograph of MV#2 and reports a female was operating Ma. Reg. 5HW272, a Toyt. Highlander. Mansfield PD notified and will have owner of MV#2 contact me.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
LUCEY, KEVIN,	245 PEARL ST READING,MA	----	Y

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

GEORGE M CLAFLIN NEWTON POLICE DEPARTM 03/29/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00