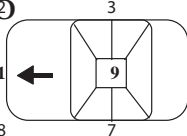
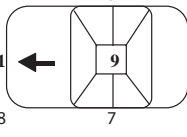


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/03/2019		Time of Crash 09:16 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9		
1	1	EAST MASS PIKE EXIT 17 OFF RAMP @ CENTRE AVE											2	
		Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							10	
						Feet N S E W of _____ or _____ Mile Marker Exit Number								
		Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street							11	
2	2	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark							3	
3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000446						
		License # --- St MA DOB/Age ---				Reg # I 20 Reg Type PAN Reg State MA								
		Sex M Lic. Class D 18 18		Lic. Restrictions 1 19 CDL _____		Veh Year 2016 Veh Make TOYOTA Veh Config. 2 20								
4	2	Operator OBYAT ABDULRAHEEN				Owner (Same as operator)								12
		Address 76 GILBERT ST				Address _____								
		City FRAMINGHAM State MA Zip 01702				City _____ State _____ Zip _____								
		Insurance Company LM GENERAL				Vehicle Action Prior to Crash 5 21				Damaged Area Code: (Circle Up to Three)				
5		Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22								10 Undercarriage 11 Totaled
		Citation # (If Issued) _____				Most Harmful Event 1 23								
		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24								
6	1	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y								
		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				1 4 99 0 0 10 1								
7	6	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 ---				Reg # T32346 Reg Type CON Reg State MA								
		Sex M Lic. Class D 18 18		Lic. Restrictions 9 19 CDL _____		Veh Year 2016 Veh Make FORD Veh Config. 2 20								
8	4	Operator MULLEN JOHN JOSEPH				Owner PARKSIDE SITE ANI								
		Address 185 FULTON ST				Address 123 KING PHILIP ST								
		City MEDFORD State MB Zip 02155				City PROVIDENCE State RI Zip 02909								
		Insurance Company LIBERTY MUTUAL FIRE				Vehicle Action Prior to Crash 5 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								10 Undercarriage 11 Totaled
		Citation # (If Issued) _____				Most Harmful Event 1 23								
		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24								
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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				1 4 99 0 0 10 1								

→ 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 #1 STATED HE WAS EXITING THE MASS PIKE E/B@ EXIT 17 AND WAS ATTEMPTING TO CHANGE INTO A LEFT LANE ON CENTRE AVE WHEN HIS CAR CAUGHT THE TRAILER OF A CONSTRUCTION VEHICLE (#2) WHO WAS CHANGING INTO THE LANE VEHICLE #1 WAS ATTEMPTING TO LEAVE.

OPERATOR #2 STATED HE WAS COMING OVER THE WASHINGTON ST BRIDGE TO THE MASS PIKE WHEN HE PUT SIGNAL ON TO ENTER THE FAR RIGHT LANE OF CENTRE AVE WHICH IS THE LANE FOR RIGHT TURN ONLY FOR S/B TRAFFIC ONTO CENTRE ST, WHEN VEHICLE #1 CAME IN CONTACT WITH THE LEFT SIDE OF HIS TRUCKS ATTACHED TRAILER.

VEHICLE #1 SUSTAINED HEAVY FRONT END DAMAGE. TRAILER OF VEHICLE #2 HAD VERY LITTLE DAMAGE.

THERE WERE NO INJURIES AND VEHICLE #1 WAS TOWED BY TRIPLE A.

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 # T32346 (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 #: D81 328 Reg Type CON Reg State MASSAC Reg Year 2016 Trailer Length 97 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS J MCCARTHY

NEWTON POLICE DEPART

05/03/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date