

## Commonwealth of Massachusetts

| Police Use Only   |                                |                     | Commonwealth of Massachusetts  |  |  |  | RMV Document Number         |                        |   |  |
|---|--------------------------------|---------------------|--|--|--|--|-----------------------------|------------------------|---|--|
| Date of Crash<br>05/06/2019   | Time of Crash<br>12:53<br>24HR | City/Town<br>NEWTON | <b>Motor Vehicle Crash<br/>Police Report</b>   |  |  |  | Number<br>Vehicles<br>2     | Number<br>Injured<br>0 | Speed Limit <u>25</u><br>Latitude _____<br>Longitude _____      | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |
| <b>AT INTERSECTION:</b>   |                                |                     | <b>&lt; LOCATION &gt;</b>  |  |  |  | <b>NOT AT INTERSECTION:</b> |                        |   |  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____                                     |                                |                     | NORTH 15 CYPRESS ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____<br>____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Route# _____ Intersecting Roadway/Street _____<br>____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Landmark _____ |  |  |  |                             |                        |   |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____ |                                |                     |  |  |  |  |                             |                        |   |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____                                    |                                |                     |  |  |  |  |                             |                        |   |  |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants   |                                |                     | <input type="checkbox"/> Hit/Run   |  |  | <input type="checkbox"/> Moped   |                             |                        | Case Number 190000461   |  |
| License # _____ St MA DOB/Age _____   |                                |                     | Reg # 5VB145 Reg Type PAN Reg State MA   |  |  | Veh Year 2016 Veh Make HONDA Veh Config. 1 20  |                             |                        |   |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |                                |                     | Owner HONDA LEASE TRUST  |  |  | Address 600 KELLY WAY  |                             |                        |   |  |
| Operator SINCLAIR HAMUDY  |                                |                     | City HOLYOKE State MA Zip 01040  |  |  | Vehicle Action Prior to Crash 2 21   |                             |                        | Damaged Area Code: (Circle Up to Three)                         |  |
| Address 242 CURVE ST  |                                |                     | Event Sequence 1 22 22 22 22 2   |  |  | Most Harmful Event 1 23  |                             |                        | Driver Contributing Code 1 24 24                                |  |
| City DEDHAM State MA Zip 02026  |                                |                     | Underride/Override 25 Towed Y  |  |  | Citation # (If Issued) _____   |                             |                        | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ |  |
| Insurance Company INTEGON NATIONAL  |                                |                     | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |  |  | Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ |                             |                        | Citation # (If Issued) _____                                    |  |
| 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   |                             |                        | Operator  |  |
|   |                                |                     |  |  |  |  |                             |                        |   |  |
|   |                                |                     |  |  |  |  |                             |                        |   |  |
|   |                                |                     |  |  |  |  |                             |                        |   |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 # 1JYS31 Reg Type PAN Reg State MA   |  |  | Veh Year 2018 Veh Make JEEP Veh Config. 1 20   |                             |                        |   |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |                                |                     | Owner USB LEASING LT   |  |  | Address 1850 OSBORN AVE  |                             |                        |   |  |
| Operator KTONA KRYSTINE   |                                |                     | City OSHKOSH State WI Zip 54902  |  |  | Vehicle Action Prior to Crash 1 21   |                             |                        | Damaged Area Code: (Circle Up to Three)                         |  |
| Address 43 DALTON RD  |                                |                     | Event Sequence 1 22 22 22 22 2   |  |  | Most Harmful Event 1 23  |                             |                        | Driver Contributing Code 5 24 24                                |  |
| City BELMONT State MA Zip 02478   |                                |                     | Underride/Override 25 Towed Y  |  |  | Citation # (If Issued) _____   |                             |                        | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ |  |
| Insurance Company COMMERCE  |                                |                     | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |  |  | Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ |                             |                        | Citation # (If Issued) _____                                    |  |
| 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  |                             |                        | Operator/Non-Motorist   |  |
|   |                                |                     |  |  |  |  |                             |                        |   |  |
|   |                                |                     |  |  |  |  |                             |                        |   |  |
|   |                                |                     |  |  |  |  |                             |                        |   |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

15 CYPRESS ST

MV#2

MV#1

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:**

OPER OF MV#1 STATED THAT HE HAD STOPPED FOR A PEDESTRIAN CROSSING THE ROAD, WHEN MV#2 STRUCK HIM FROM BEHIND.

OPER OF MV#2 COULD NOT STOP IN TIME FOR A STOPPED MV#1, AND STRUCK THE VEHICLE FROM BEHIND.

MV#1 SUSTAINED MODERATE REAR END DAMAGE AND WAS TOWED (PRIVATE) .

MV#2 SUSTAINED MODERATE FRONT DAMAGE AND WAS TOWED (PRIVATE)

**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