

Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 05/28/2019	Time of Crash 09:22 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report						Number Vehicles 4	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:				
AT INTERSECTION:			<	LOCATION		>	NOT AT INTERSECTION:									
NORTH DALBY ST											2		9			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								2		10			
At			_____ Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number													
WEST WATERTOWN ST											5		11			
Route# Direction Name of Intersecting Roadway/Street			_____ Feet N S E W of Route# Intersecting Roadway/Street													
Also at Intersection with																
Route# Direction Name of Intersecting Roadway/Street			Landmark													
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000544									
License # --- St MA DOB/Age ---			Reg # 8KT112 Reg Type PAN Reg State MA									12				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2007 Veh Make HONDA Veh Config. 2 20									1				
Operator KOROMA IBRAHIM Last First Middle			Owner (Same as operator) Last First Middle													
Address 82 SPRAGUE ST			Address													
City HYDE PARK State MA Zip 02136			City State Zip													
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 2 22 22 22 22 22 ② ③ 4			10 Undercarriage 5 11 Totaled										
Citation # (If Issued) _____			Most Harmful Event 2 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												13				
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												1				
Operator See Above			----- - - - 99 4 4 0 0 10 1													
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 <u>0</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 _____ DOB/Age _____			Reg # 7VRR20 Reg Type PAN Reg State MA													
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2003 Veh Make TOYOTA Veh Config. 2 20													
Operator _____ Last First Middle			Owner _____ Last First Middle													
Address _____			Address _____													
City _____ State _____ Zip _____			City _____ State _____ Zip _____													
Insurance Company _____			Vehicle Action Prior to Crash 10 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 22 2 3 4			10 Undercarriage 5 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 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			----- - - -													

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ or _____ Exit Number							
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street							
			Feet N S E W of _____ Landmark							
3 <input checked="" type="checkbox"/> Vehicle 3 0 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 1900000544							
4 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # VIN # _____ Reg Type PAN Reg State MA Veh Year 2003 Veh Make BMW Veh Config. 1 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							
5 Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13							
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			13							
8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE			Reg # 98BD Reg Type RPN Reg State MA Veh Year 2018 Veh Make KENWORTH Veh Config. 13 20 Owner TULLY MICHAEL J Address 36 MYRTLE ST City LYMM State MA Zip 01905 Vehicle Action Prior to Crash 11 21 Event Sequence 97 22 22 22 22 2 Most Harmful Event 97 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							
Please fill out for operator and all occupants involved			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			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			Operator See Above							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

	If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Indicate North by Arrow

Crash Narrative:

The operator of MV#1 stated he was travelling westbound on Watertown St when MV#2 rolled backwards from its parking spot and struck him. MV#1 sustained moderate damages to its front right side bumper and its rear right side doors. There were no reported injuries to the operator of MV#1.

The tow truck operator ("Todisco Towing" truck with a ramp bed MA Repair plates 98BD) stated he was loading up MV#3 (An unregistered red colored BMW sedan being retrieved for auction bearing VIN WBABS33403PG88984) onto his inclined ramp bed when the tow hook on MV#3 broke causing MV#3 to roll backwards striking MV#2 which in turn pushed MV#2 into MV#1. Both MV#3 and MV#2 were unoccupied at the time of this accident and both vehicles were being towed for auction. There were no visible damages to the rear end of MV#3. There were minor damages to the rear left side of MV#2.

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