

Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 06/02/2019	Time of Crash 13:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 1	Speed Limit <u>30</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:								
ADAMS ST																2
Route# Direction Name of Roadway/Street								Route# Direction Address # Name of Roadway/Street								10
At								Feet N S E W of • or Exit Number								2
CHANDLER ST																
Route# Direction Name of Intersecting Roadway/Street								Feet N S E W of Mile Marker Intersecting Roadway/Street								11
Also at Intersection with								Feet N S E W of Route# Intersecting Roadway/Street								3
Route# Direction Name of Intersecting Roadway/Street								Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000566							
License # --- St MA DOB/Age --- Reg # 72RZ9 Reg Type PAN Reg State MA															12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20															1	
Operator BWAHIKA ABDULAH Last First Middle Owner (Same as operator) Last First Middle																
Address 2 AGUADILLA ST (apt. 3)																
City BOSTON State MA Zip 02135																
Insurance Company ARBELLA MUTUAL																
Vehicle Travel Direction: N X E W Responding to Emergency? Citation # (If Issued)																
Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec																
Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																
Event Sequence 1 22 22 22 22 ② 3 4																
Most Harmful Event 1 23 1 ← 9 10 Undercarriage																
Driver Contributing Code 1 24 24 5 11 Totalled																
Underride/Override 25 Towed Y ③ 7 6																
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 - - - - - - - - 1 4 99 0 0 9 1																
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 # 8DB735 Reg Type PAN Reg State MA																
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2016 Veh Make VOLVO Veh Config. 2 20																
Operator KPISSAY ARMAH Last First Middle Owner (Same as operator) Last First Middle																
Address 401 HAWWARD MILL RD																
City CONCORD State MA Zip 01742																
Insurance Company ALLSTATE																
Vehicle Travel Direction: N S E X Responding to Emergency? Citation # (If Issued)																
Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec																
Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)																
Event Sequence 1 22 22 22 22 ① 3 4																
Most Harmful Event 1 23 1 ← 9 10 Undercarriage																
Driver Contributing Code 4 24 24 5 11 Totalled																
Underride/Override 25 Towed N 8 7 6																
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 - - - - - - - - 1 4 99 0 0 10 1																

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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

OPERATOR #1 STATED HE WAS GOING S/B ON ADAMS ST WHEN VEHICLE #2 PULLED OUT FROM CHANDLER ST CRASHING INTO HIS VEHICLE IN THE INTERSECTION.

OPERATOR #2 STATED HE WAS STOPPED W/B ON CHANDLER ST AND LOOKED BOTH WAYS FOR ANY ONCOMING TRAFFIC ON ADAMS ST.

OPERATOR#2 THEN STATED AFTER NOT SEEING ANY ONCOMING VEHICLES PROCEEDED OUT INTO THE INTERSECTION HITTING VEHICLE #1.

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