

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 06/05/2019	Time of Crash 00:12 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 _____			SOUTH 163 LEXINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____										2 2 11 4																		
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000577																								
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>GHANTOUS</u> <u>SAMMIR</u> <u>R</u> Address <u>23 SHIORT ST (apt. 2)</u> City <u>WALPOLE</u> State <u>MA</u> Zip <u>02032</u> Insurance Company <u>PLYMOUTH ROCK</u> Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) <u>T1442369</u> Violation 1: Ch <u>90/9</u> Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>574PF5</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>VOLK</u> Veh Config. <u>1</u> <u>20</u> Owner <u>GHANTOUS</u> <u>RAED</u> <u>S</u> Address <u>5 MOUNTAIN ROCK LANE</u> City <u>NORFOLK</u> State <u>MA</u> Zip <u>02056</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>2</u> <u>23</u> Driver Contributing Code <u>19</u> <u>24</u> <u>9</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>										1 12 1																		
Please fill out for operator and all occupants involved										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										Age/DOB -----		Sex ---		1		1		99		0		0		10		1		NONE			
Please Select One of the Following:										<input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants		<input type="checkbox"/> Non-Motorist A Type		<u>14</u> Action		<u>15</u> Location		<u>16</u> Condition		<u>17</u>		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped							
License # _____ St <u>FL</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>CULLER</u> <u>STEPHEN</u> <u>SCOTT</u> Address <u>4651 LACEBARK TRL</u> City <u>OVIDO</u> State <u>FL</u> Zip <u>32765</u> Insurance Company <u>PROGRESSIVE</u> Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Reg # <u>CWWE22</u> Reg Type <u>PAN</u> Reg State <u>FL</u> Veh Year <u>2016</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>11</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>										1 13 2											
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Operator/Non-Motorist _____ See Above										Age/DOB -----		Sex ---		---		---		---		---		---		10		1					

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

Crash Diagram:

NOT TO SCALE

LEXINGTON ST

Unit 1

Unit 2

P.O.I.

163
LEXINGTON

N
↓

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:

On Wednesday, June 5th 2019, at approximately 12:12am, I, Officer Brooks, responded to 163 Lexington street for a report of a 2 car MVA. Upon my arrival I observed that MV1(MA REG 574PF5) had struck MV2(FL REG CWWE22) which was parked legally in front of 163 Lexington street.

I spoke with the operator of MV1 who stated he was traveling southbound on Lexington street, and had reached over to his passenger side to grab a Burger King bag. When he reached for the bag he drifted to the right and struck MV2. MV1 had heavy damage to the passenger side and airbag deployment. The operator was checked out by Cataldo and signed a patient refusal. MV1 was towed by Tody's. The operator was issued a citation for an expired registration.

I spoke with the owner of MV2 who was inside of 163 Lexington street at the time of the accident. His vehicle

(Continued on next page)

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

→ 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:

had been legally parked when struck. MV2 sustained major damage to the driver's side. MV2 was towed by
Tody's.

Both operators were provided the report number.

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