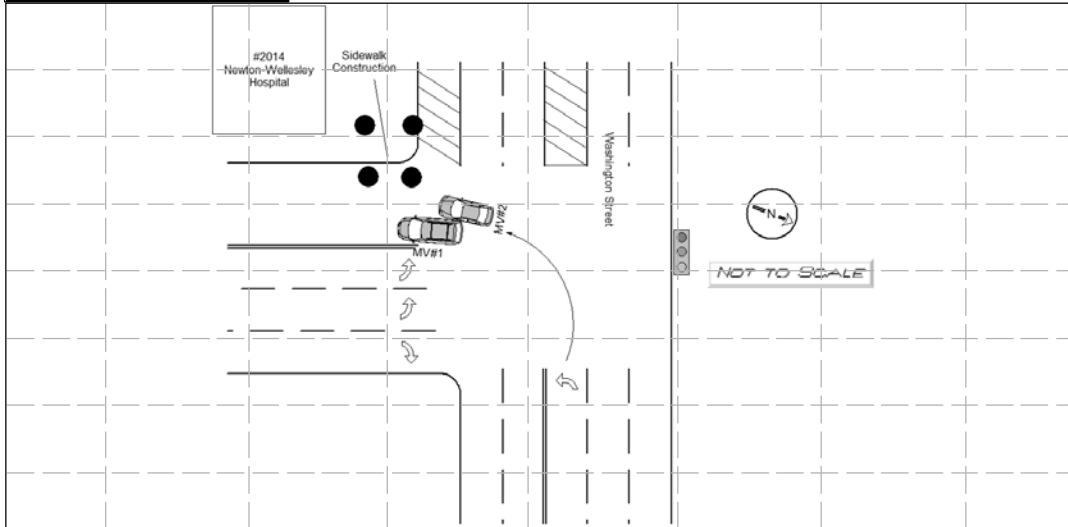


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/18/2019	Time of Crash 15:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					9
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 2014 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							2
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____							10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____ Landmark _____							11
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 1900000628							4
License # _____ St MA DOB/Age _____			Reg # 865E9 Reg Type PAN Reg State MA							12
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2001 Veh Make TOYOTA Veh Config. 2 20							1
Operator SHASTRI MAHADEV R Endorsment _____			Owner SHASTRI RAVI _____							12
Address 365 AUSTIN ST			Address 365 AUSTIN ST							1
City NEWTON State MA Zip 02465			City W. NEWTON State MA Zip 02465							13
Insurance Company COMMERCE			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)							1
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2 23 9 10 Undercarriage 11 Totaled							1
Citation # (If Issued) _____			Most Harmful Event 1 23 9 24 24 8 7 6							1
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24 25 Towed N							1
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override _____							1
Please fill out for operator and all occupants involved										13
Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility										1
Operator See Above ----- --- 1 4 4 0 0 10 1										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										9
License # _____ St MA DOB/Age _____										13
Reg # CL3315 Reg Type PAS Reg State MA										1
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										1
Veh Year 2015 Veh Make HONDA Veh Config. 1 20										1
Operator ZOINO JAMES E Endorsment _____										1
Owner (Same as operator) _____										1
Address _____										1
City CARVER State MA Zip 02330										1
Insurance Company PLYMOUTH ROCK ASSU										1
Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)										1
Event Sequence 1 22 22 22 22 2 23 9 10 Undercarriage 11 Totaled										1
Most Harmful Event 1 23 9 24 24 8 7 6										1
Driver Contributing Code 99 24 24 25 Towed N										1
Underride/Override _____										1
Please fill out for operator and all occupants involved										13
Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility										1
Operator/Non-Motorist See Above ----- --- 1 4 4 0 0 10 1										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:

The OP. of MV#1 states he was on the westbound lane of Washington Street, making a left turn into Newton-Wellesley Hospital at 2014 Washington Street. As he was making the turn, MV#2 that was somewhere behind him came from his right and tried to overtake him during the turn and they collided together.

The OP. of MV#2 states he was on the westbound lane of Washington Street, making a left turn into Newton-Wellesley Hospital. MV#1 tried to overtake him on his left side as they were entering hospital property and a collision occurred.

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