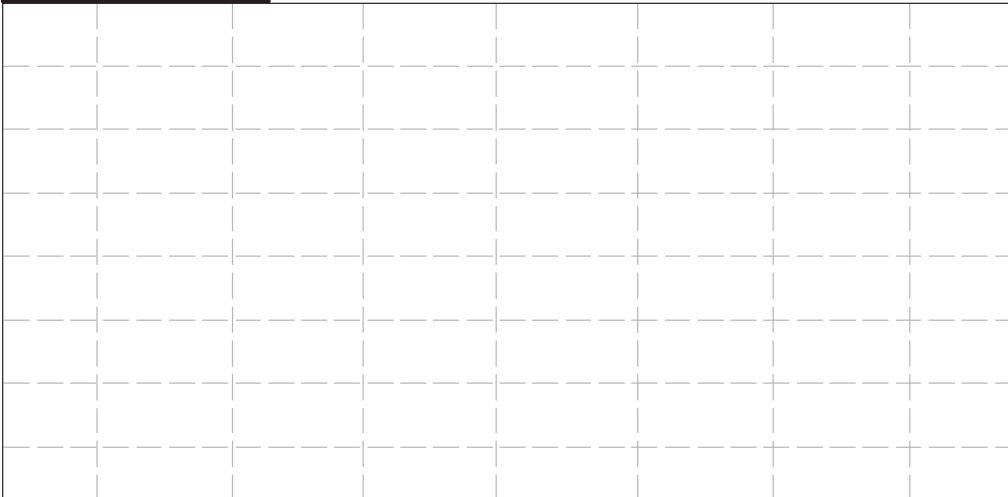


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/09/2019		Time of Crash 14:09 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9		
EAST KENRICK ST Route# Direction Name of Roadway/Street At SOUTH WAVERLEY AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2	10	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000702					11	5
License # --- St TX DOB/Age --- Sex M Lic. Class C 18 D 18 Lic. Restrictions 1 19 CDL Operator STEWART KEIVEN VANDON Address 1809 EASTFIELD City MISSOURI CITY State TX Zip 77459 Insurance Company AON RISK SERVICES CENTRAL				Reg # 2314856 Reg Type AP Reg State IN Veh Year 2016 Veh Make INT Veh Config. 97 20 Owner RYDER TRUCK REN Address 11690 NW 105 ST 1E City MIAMI State FL Zip 33178 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	1	
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								13	1	
Operator				See Above										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator KHANAL SMEERTI Address 15 JACKSON RS City SOMERVILLE State MA Zip 02148 Insurance Company COMMERCE INSURANCE				Reg # 623KD7 Reg Type PAN Reg State MA Veh Year 2017 Veh Make NISSAN Veh Config. 1 20 Owner SAPKOTA RAVI Address 15 JACKSON RD City SOMERVILLE State MA Zip 02145 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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										
PATEL, NIRVAAN				15 JACKSON RD SOMERVILLE, MA 02148										
PATEL, NEEV				15 JACKSON RD SOMERVILLE, MA 02148										

→ 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:

and was turning left onto Kenrick St from Waverley Ave and the side of his truck made contact with MV1. MV2 stated MV1 was not on the right side of the road and did not leave enough space for the truck to make the turn. MV2 reported no injuries and sustained no damage.

AMB1 responded and cleared with four patient refusals. MV2 was able to leave the scene.

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

ANDREA M FERGUSON

NEWTON POLICE DEPART

07/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date