

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/01/2019	Time of Crash 16:32 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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			EAST 191 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
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 190000792	
License # --- St MA DOB/Age ---			Reg # 5ME131 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Operator NALUYOMBYA LATIFAH AHMED			Owner TOYOTA LEASE TRU				
Address 52 CALVARY AVE (apt. 1)			City WALTHAM State MA Zip 02453			Address PO BX 105386				
Insurance Company LIBERTY MUTUAL			City ATLANTA State GA Zip 30348			Vehicle Action Prior to Crash 1 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			Most Harmful Event 1 23			Driver Contributing Code 99 24 24	
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N	
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 See Above			NONE	
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 # 8EN882 Reg Type PAN Reg State MA			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Operator GUERRIER MICHEL OLSEN			Owner (Same as operator)				
Address 45 HIGHLAND AVE (apt. 28)			City RANDOLPH State MA Zip 02368			City State Zip				
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 3 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			Most Harmful Event 1 23			Driver Contributing Code 99 24 24	
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N	
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			NONE	

→ 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 operator of M/V#1 stated that she was driving east on Needham St. in the right hand lane, when M/V#2 pulled out of 191 Needham St. (turning left) and struck her vehicle.

The operator of M/V#2 stated that cars heading east and west, had stopped to allow him to turn left (eastbound) on to Needham St. when M/V#1 went around the vehicles in the eastbound lane (using the middle turn lane) and he collided with M/V#1. There were no injuries due to this accident and neither vehicle was towed.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

STEVEN C EMMANUEL

NEWTON POLICE DEPART

08/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date