

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 09/10/2019	Time of Crash 19:50 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:						
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
SOUTH QUINOBEQUIN RD Route# Direction Name of Roadway/Street At EAST WASHINGTON ST 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									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000929			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Operator BANIYA AMAN B Address 4 MENOTOMY RD (apt. 5) City ARLINGTON State MA Zip 02476 Insurance Company PREFERRED MUTUAL Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Reg # 1BRF24 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled									
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									
UHRIG, JONATHAN, M			183 RIDGEWAY RD WESTON, MA 02493									
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Operator KEEFE CHRISTOPHER P Address 118 MANNING ST City NEEDHAM State MA Zip 02492 Insurance Company LIBERTY MUTUAL INS Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Reg # 177BS0 Reg Type PAN Reg State MA Veh Year 2011 Veh Make VOLVO Veh Config. 1 20 Owner (Same as operator) Address City State Zip 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 99 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled									
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Operator/Non-Motorist			See Above									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☉ Pedestrian

ie: → 1 → 2 → ☉

Crash Diagram:

Washington Street

Quinobequin Road

NOT TO SCALE

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 while travelling on Washington Street eastbound, he had a green traffic light and was making a right turn onto Quinobequin Rd. That's when he collided with MV#2.

The OP. of MV#2 states he was on the westbound lane of Washington Street and had a green left arrow. He turned left onto Quinobequin Rd. and that's when he collided with MV#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

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

RAYMOND H CHIEU

NEWTON POLICE DEPART

09/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date