

# Commonwealth of Massachusetts

Police Use Only				Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 09/13/2019	Time of Crash 16:32 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input checked="" type="checkbox"/> Other:			
<b>AT INTERSECTION:</b>			< LOCATION >	<b>NOT AT INTERSECTION:</b>									
<b>SOUTH CHERRY ST</b> Route# Direction Name of Roadway/Street  At <b>WEST HARRIS RD</b> Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  Route# Direction Name of Intersecting Roadway/Street				<b>ROUTE # DIRECTION ADDRESS # NAME OF ROADWAY/STREET</b>  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 <u>1</u> #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000938					
License # --- St MA DOB/Age ---- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Operator KHAN JAMEED Last First Middle Address 48 CHAPMAN RD City STOUGHTON State MA Zip 02072 Insurance Company NATIONAL INTERSTATE 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 # 104233 Reg Type SPN Reg State MA Veh Year 2016 Veh Make DODGE Veh Config. 5 20 Owner YCN TRANSPORTAI Last First Middle Address 224 CALVARY STREET City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 99 22 22 22 2 3 4 Most Harmful Event 1 23 9 Undercarriage 11 Totaled Driver Contributing Code 1 24 99 24 Underride/Override 25 Towed Y									
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		- - - - -	- - -	- - -	99	4	99	0	0	10	1	
Please Select One of the Following:				<input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants		<input type="checkbox"/> Non-Motorist A Type		Action	Location	Condition	<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped
License # --- St MA DOB/Age ---- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Operator SJOBERG LAURA A Last First Middle Address 158 DERBY ST City W NEWTON State MA Zip 02465 Insurance Company PROGRESSIVE DIRECT Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 3KPC80 Reg Type PAN Reg State MA Veh Year 2019 Veh Make AUDI Veh Config. 2 20 Owner (Same as operator) Last First Middle Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 99 22 22 22 2 3 4 Q Undercarriage 11 Totaled Most Harmful Event 1 23 9 Driver Contributing Code 4 24 99 24 Underride/Override 25 Towed Y									
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Operator/Non-Motorist	See Above		- - - - -	- - -	- - -	99	4	99	0	0	10	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:**

Operator #1 states he was traveling southbound on Cherry St when he observed vehicle #2 drive through the stop sign at the end of Harris Rd, resulting in a collision with the front end of his vehicle, vehicle #1.

Operator #2 states she was traveling westbound on Harris Rd and did not see the stop sign as she approached Cherry St. She subsequently drove through the stop sign and made contact with vehicle #1. Her intention was to cross Cherry St and go down Cherry Place, which is directly across the street from Harris Rd.

No injuries were reported. Vehicle #2 sustained damage to the right rear corner as well as the undercarriage and was towed by Tody's. Vehicle #1 was parked legally on Cherry St and the operator has his own tow coming, as the vehicle is a contracted Waltham school bus van. It should be noted that no students were on board the van at the time of the collision.

**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