

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/14/2019		Time of Crash 11:35 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	
ALDEN ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
NORTH CENTRE ST						Feet N S E W of _____ • _____ or _____ 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						11	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____ Landmark						2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001042							
License # --- St MA DOB/Age ---				Reg # RS960L		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2013		Veh Make HONDA		Veh Config. 1 20					
Operator DAVIS SCOTT C				Owner (Same as operator)									12
Address 1 EISENHOWER AVE				Address _____									
City NATICK State MA Zip 01760				City _____ State _____ Zip _____									
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9							10 Undercarriage
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 6							11 Totaled
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved													13
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		1	
Operator				See Above		-----		--- --- 99 4 99 0 0 10 1		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 # 48FJ32		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2005		Veh Make HONDA		Veh Config. 1 20					
Operator HAILESELASSIE SENAIT LIDYA				Owner (Same as operator)									
Address 674 SAW MILL BROOK PKWY				Address _____									
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____									
Insurance Company METROPOLITAN PROP				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9							10 Undercarriage
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24		8 7 6							11 Totaled
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		-----		--- --- 99 4 99 0 0 10 1		NONE			

Crash Narrative:

MV #1 was stopped northbound in traffic on Centre St. by Alden Place. MV #2. was traveling northbound on Centre St. behind MV #1 when it collided into the rear bumper of MV #1. The operator of MV #2 stated she was distracted and was unable to stop MV #2 from colliding into MV #1. There was visible damage to MV #1's rear bumper while MV #2 had damage to its front bumper as well as the passenger side headlight. Both operators declined medical attention. Both vehicles were able to be driven away from the scene.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

DANIEL SOHN			NEWTON POLICE DEPT.		10/14/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					