

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 10/17/2019		Time of Crash 08:12 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:									
<div><div>EAST</div><div>COMMONWEALTH AVE</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>TEMPLE ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of _____ • _____ or _____</div><div>Mile Marker Exit Number</div><div>Feet N S E W of _____</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of _____</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001056									
License # --- St MA DOB/Age ---				Reg # 7TR785 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make BMW Veh Config. 1 20											
Operator ELSAYED NUHA				Owner (Same as operator)											
Address 55 LIVINGSTON RD				Address _____											
City WELLESLEY State MA Zip 02482				City _____ State _____ Zip _____											
Insurance Company PURE				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4							
Citation # (If Issued) T2079066				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6							
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
Operator See Above				-----		---	---	99	4	99	0	0	10	1	NONE
EL-NAZER, MOHAMED 55 LIVINGSTON RD WELLESLEY, MA				-----		M	4	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 # 44301 Reg Type SPN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make TOYOTA Veh Config. 5 20											
Operator KENNEY MICHAEL W				Owner HUNTER TRANSIT											
Address 41 OVERLOOK DR				Address 12 SPRING ST											
City BELLINGHAM DR State MA Zip 02019				City MILFORD State MA Zip 01757											
Insurance Company PHILADELPHIA INDEM				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 1 22 22 22				3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 1 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6							
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
Operator/Non-Motorist See Above				-----		---	---	99	4	99	0	0	10	1	NONE

Crash Narrative:

The operator of MV #1(Ma Reg 7TR785) stated she was traveling eastbound on Commonwealth Ave. when she attempted to turn left onto Temple St. Operator of MV#1 stated her vehicle was struck as she turned onto Temple St by the operator of MV #2.

The operator of MV#2 (Pupils reg 44301) stated he was traveling westbound on Commonwealth Ave. approaching the intersection of Temple St. Operator of MV2 stated as he was traveling straight ahead he observed MV1 start to turn left onto Temple St. Operator of MV2 stated he hit the breaks and attempted to swerve out of the way but ended up hitting MV1.

MV #2 struck MV #1's passenger side rear bumper causing minor damage. MV #2 sustained damage to its passenger side front bumper. No injuries were reported and both vehicles were able to be driven away from the scene.

(Continued on next page)

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

