

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 12/16/2019	Time of Crash 10:18 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 checked="" type="checkbox"/> Other:				
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:							
												9			
Route# Direction Name of Roadway/Street At				WEST 2102 COMMONWEALTH AVE								2			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker or Exit Number								10			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street Landmark								11			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number		1900001291						12	
License # --- St MA DOB/Age ---				Reg # 4SH545 Reg Type PAN Reg State MA				Veh Year 2016 Veh Make MAZDA Veh Config. 1 20						1	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment				Owner ARSAVA KEMEL SARP				Address 2344 (apt. 2/2) COMMONWEALTH AVE						12	
Operator ARSAVA TUGBA Last First Middle				City NEWTON State MA Zip 02466				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)						13	
Insurance Company COMMERCE				Event Sequence 1 22 22 22 22				Most Harmful Event 1 23						1	
Vehicle Travel Direction: N S E X Responding to Emergency? N				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N						13	
Citation # (If Issued)				Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec						1	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										13	
Operator See Above				99 4 4 0 0 10 1										1	
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		13	
License # --- St MA DOB/Age ---				Reg # 3LVB50 Reg Type PAN Reg State MA				Veh Year 2011 Veh Make INFINITI Veh Config. 1 20						1	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Owner VD HEATING AND C				Address 25 VAN WART PATH						1	
Operator SERGEEV VICTOR Last First Middle				City NEWTON State MA Zip 02459				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)						13	
Insurance Company SAFETY INS				Event Sequence 1 22 22 22 22				Most Harmful Event 1 23						1	
Vehicle Travel Direction: N S E X Responding to Emergency? N				Driver Contributing Code 5 24 24				Underride/Override 25 Towed N						13	
Citation # (If Issued)				Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec						1	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										13	
Operator/Non-Motorist See Above				99 4 4 0 0 10 1										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:

MV # 1 STATED SHE WAS TRAVELING WEST ON COMMONWEALTH AVE. AND STOPPED IN TRAFFIC TO ALLOW A MV (NOT INVOLVED) TO EXIT THE PARKING LOT OF 2096 COMMONWEALTH AVE. AFTER STOPPING MV#1 WAS REAR ENDED BY MV#2.

MV#2 STATED THAT HE WAS TRAVELING WEST ON COMMONWEALTH AVE. AND WAS UNABLE TO STOP IN TIME AND REAR ENDED MV#1.

MV#1 HAS DAMAGE TO THE LEFT REAR PANEL.

MV#2 HAS DAMAGE TO THE FRONT RIGHT PANEL.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
TORGENSEN, LEANNE,	96 CRESCENT ST NEWTON,MA	-----	Y

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