

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/17/2019	Time of Crash 14:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
NORTH BRIDGE ST										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					
EAST CALIFORNIA ST					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Landmark _____					
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001300				
License # _____ St <u>MA</u> DOB/Age _____ Reg # <u>758D</u> Reg Type <u>STN</u> Reg State <u>MA</u>										
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Veh Year <u>2016</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>20</u>										
Operator <u>KHEREMIAN</u> <u>DJANO</u> <u>V</u> Owner <u>FOREIGN AUTO IMP</u>										
Address <u>72 OLCOTT ST</u> Address <u>149 ARSENAL STREET</u>										
City <u>WATERTOWN</u> State <u>MA</u> Zip <u>02472</u> City <u>WATERTOWN</u> State <u>MA</u> Zip <u>02472</u>										
Insurance Company <u>TRVELERS' INS</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>1</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>										
Citation # (If Issued) _____ Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>11</u> Totalled										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code <u>97</u> <u>24</u> <u>24</u>										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override <u>25</u> Towed <u>N</u>										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above ----- --- 1 4 4 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 <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St <u>MA</u> DOB/Age _____ Reg # <u>47ME49</u> Reg Type <u>PAN</u> Reg State <u>MA</u>										
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Veh Year <u>2011</u> Veh Make <u>VOLVO</u> Veh Config. <u>1</u> <u>20</u>										
Operator <u>VICENTE</u> <u>ERIN</u> <u>D</u> Owner <u>(Same as operator)</u>										
Address <u>79 HARNDEN AVE</u> Address _____										
City <u>WATERTOWN</u> State <u>MA</u> Zip <u>02472</u> City _____ State _____ Zip _____										
Insurance Company <u>GEICO</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>										
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code <u>5</u> <u>24</u> <u>24</u>										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override <u>25</u> Towed <u>N</u>										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above ----- --- 1 4 4 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:

MV#1 was traveling east on California Street when it was struck by MV#2.

-OpMV#1 stated he was traveling east on California Street; he observed the yellow light and began to slow down. He stated he stopped and then he was rear ended. He did not report any injuries at the time of the collision.

-OpMV#2 stated she was traveling east on California Street when MV#1 suddenly stopped and she struck MV#1. He did not report any injuries at the time of the collision.

-I observed the damage to both vehicles. I observed the rear bumper of MV#1 was cracked, scratched and displaced from the frame. I also observed the trunk door was compressed in, and damaged. I next conducted an exterior damage of the MV#2 and I observed damage to the front bumper of MV.

(Continued on next page)

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 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

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

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CDP1 11 -24:00