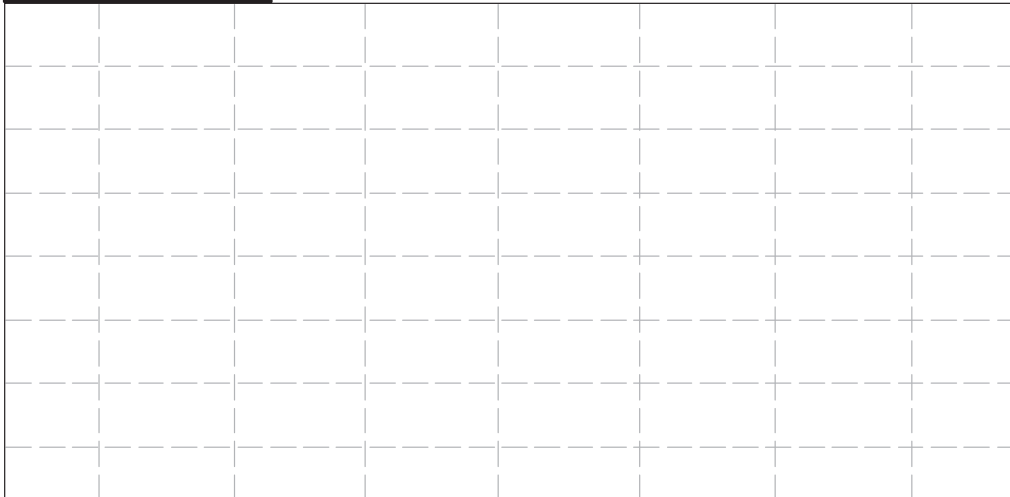


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/10/2020	Time of Crash 18:45 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
NORTH CENTRE ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number							
NORTH CYPRESS Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000041			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GHBEIS MUHAMMAD Address 20 ELIOT ST #2 City BROOKLINE State MA Zip 02467 Insurance Company LIBERTY MUTUAL			Reg # 4PW378 Reg Type PAS Reg State MA Veh Year 2012 Veh Make MAZDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility System Status Switch Code Code Status Code							
Operator			See Above							
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____ Operator GALLANT MATTHEW Address 61 BERKSHIRE RD City NEEDHAM State MA Zip 02492 Insurance Company COMMERCE			Reg # 1CAW85 Reg Type PAN Reg State MA Veh Year 2002 Veh Make TOYOTA Veh Config. 1 20 Owner GALLANT JAMES Address 61 BERKSHIRE RD City NEEDHAM State MA Zip 02492 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility System Status Switch Code Code Status Code							
Operator/Non-Motorist			See Above							

→ 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:

Vehicle #1's final resting place was Southbound on Centre St.

Vehicle #1 suffered minor damage to its rear end, it should be noted the operator of vehicle #1 was pulling the rear bumper of his vehicle upon arrival.

Vehicle #2 suffered minor damage to it's front end.

Both Vehicles were able to drive away from the scene and there were no injuries.

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

KEVIN DONOVAN

NEWTON POLICE DEPT.

01/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date