

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/12/2020	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 type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div><div>SOUTH</div><div>CHESTNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>COMMONWEALTH AVE</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 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 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000143			
License # --- St MA DOB/Age ---			Reg # LV65983		Reg Type LVN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018		Veh Make FORD		Veh Config. 2 20			
Operator BENJAMI NAJIB			Owner NEWTON CAR SERV							
Address 218 SOUTH ST. (apt. 2)			Address 101 GRANT AVE							
City WALTHAM State MA Zip 02453			City NEWTON State MA Zip 02459							
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 2 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		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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			See Above		1 4 4 0 0 10 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			
License # --- St MA DOB/Age ---			Reg # 8051PG		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 1995		Veh Make VOLVO		Veh Config. 1 20			
Operator HENDRICKSON BRIAN			Owner (Same as operator)							
Address 91A MOUNT PLEASANT ST			Address							
City MILFORD State MA Zip 01757			City State Zip							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 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		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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		1 4 4 0 0 10 1					

Crash Narrative:

ON 2-12-2020 AT APPROX. 1018HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF COMM AVE. AND CHESTNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON COMM AVE. HE WAS STOPPED AT THE RED LIGHT ON COMM AND CHESTNUT. DRIVER STATES WHILE STOPPED HE WAS HIT IN THE REAR BY VEHICLE #2. OPERATOR OF VEHICLE #2 STATES HE WAS TRAVELING E-BOUND ON COMM AVE APPROACHING CHESTNUT. DRIVER STATES HE STARTED TO SLOW FOR THE LIGHT WHEN VEHICLE #1 STOPPED ABRUPTLY AND HE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #1 HAD MINOR REAR SCRAPES. VEHICLE #2 HAD FRONT END GRILL DAMAGE AND A BROKEN LEFT HEADLIGHT. BOTH VEHICLES WERE STILL OPERATIONAL. BOTH PARTIES WERE TREATED BY THE MEDICS AND SIGNED PATIENT REFUSALS. BOTH PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

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

THOMAS P WALSH			NEWTON POLICE DEPART		02/12/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					