

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/14/2020	Time of Crash 18:09 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:				
Route# Direction Name of Roadway/Street At			WEST 455 NAHANTON ST			Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number			Feet N S E W of _____ Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000157	
License # --- St MA DOB/Age ---			Reg # LV82092 Reg Type LVN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20				
Operator SOROKIN ANDREW Last First Middle			Owner ALLROAD EXPRESS Last First Middle			Address 70 WATERMAN RD Address 84 (apt. 6) SUMMER ST				
City CANTON State MA Zip 02021			City STOUGHTON State MA Zip 02072			Insurance Company PILGRIM INSURANCE				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23				
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 11 Totaled				
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 99 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 # 758FW2 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20				
Operator PATEL YOGESHWARI Last First Middle			Owner PATEL GAUTAM B Last First Middle			Address 55 ROBIN HILL RD Address 55 ROBIN HILL RD				
City HOLLISTON State MA Zip 01746			City HOLLISTON State MA Zip 01746			Insurance Company CITIZENS INSURANCE COMP OF AMERICA				
Vehicle Travel Direction: N S E X Responding to Emergency? N			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				
Citation # (If Issued) T2080487			Driver Contributing Code 5 24 24			Underride/Override 25 Towed Y				
Violation 1: Ch 19/71 Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 11 Totaled				
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 3 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:

On 2/14/20 at approximately 1809 hrs I responded to the area of 455 Nahanton St for a report of a MVA with air bag deployment. Upon arrival I spoke with the operator of MV#2 who stated she was not hurt. She further stated that the vehicle in front of her, MV#1, stopped suddenly because a deer ran across the street in front of him while he was driving. The operator of MV#2 stated she tried to brake in time but couldn't avoid collision with MV#1.

I then spoke with the operator of MV#1 who stated the same story, he was traveling WB on Nahanton St when a deer ran across the road. He slammed on his brakes to avoid hitting the deer and was then rear-ended by MV#2.

There were no injuries on scene, however the medics did respond and the operator of MV#2 signed a patient

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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

