

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 07/08/2020	Time of Crash 14:47 24HR	City/Town NEWTON	Number Vehicles 4	Number Injured 0	Speed Limit <u>25</u> 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 150 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000364	
License # --- St MA DOB/Age ---			Reg # 9DJ119 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make MERZ Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019 Veh Make MERZ Veh Config. 1 20			Owner (Same as operator) Last First Middle				
Operator LI ANG Last First Middle			Address 255 NORTH AVE			City WESTON State MA Zip 02493				
Insurance Company ARBELLA MUTAUL INS			Vehicle Action Prior to Crash 1 21			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? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			10 Undercarriage	
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			5 11 Totaled	
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										
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			NONE	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 RI DOB/Age ---			Reg # 2LTV71 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make HYUN Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make HYUN Veh Config. 1 20			Owner FLEXDRIVE SERVICI Last First Middle				
Operator GOMEZ HAIRO FERRERAS H Last First Middle			Address 762 ATWELLS AVE (apt. 3)			City MT LAUREL State NJ Zip 08054				
Insurance Company ALL STATE INS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			10 Undercarriage	
Citation # (If Issued) _____			Driver Contributing Code 19 24 24			Underride/Override 25 Towed Y			5 11 Totaled	
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										
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 99 0 0 10 1			NONE	

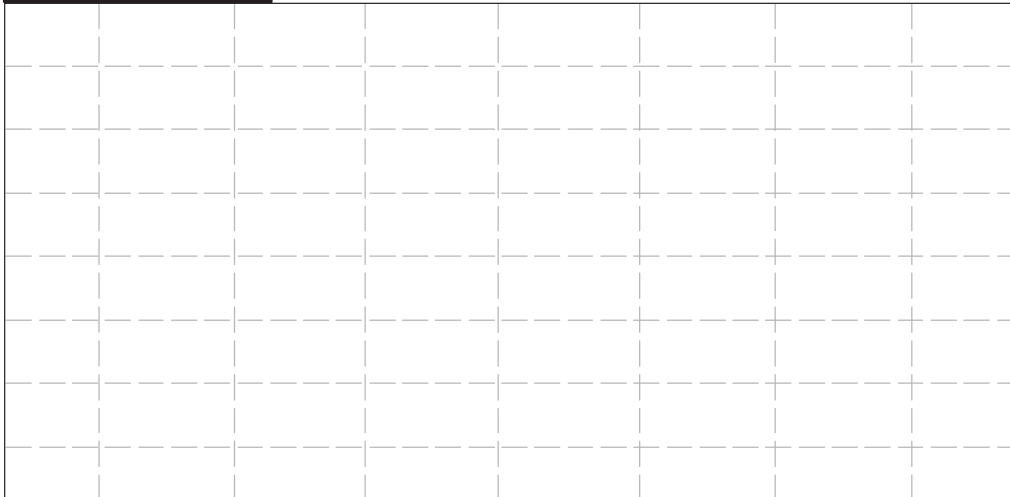
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/08/2020	Time of Crash 14:47 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 4	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000364			
License # _____ St _____ DOB/Age _____			Reg # V32853			Reg Type CON		Reg State MA		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2019			Veh Make FORD		Veh Config. 2 20		
Operator _____ Last _____ First _____ Middle _____			Owner EWART JOSHUA			Last _____ First _____ Middle _____				
Address _____			Address 50 COUNTY ST			Last _____ First _____ Middle _____				
City _____ State _____ Zip _____			City LAKEVILLE			State MA		Zip 02347		
Insurance Company THE TRAVELERS INDEMNITY COMPANY			Vehicle Action Prior to Crash 11 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				
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			8 7 6				
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							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 0 #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 _____ DOB/Age _____			Reg # 3RVA51			Reg Type PAN		Reg State MA		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2017			Veh Make VOLVO		Veh Config. 1 20		
Operator _____ Last _____ First _____ Middle _____			Owner MILLS STEVEN			Last _____ First _____ Middle _____				
Address _____			Address 16 CRYSTAL RD			Last _____ First _____ Middle _____				
City _____ State _____ Zip _____			City WILMINGTON			State MA		Zip 01887		
Insurance Company CITIZENS INS COMPANY OF AMERICA			Vehicle Action Prior to Crash 11 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				
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			8 7 6				
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							

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	24HR								Latitude	Local Police	<input type="checkbox"/>	
									Longitude	MBTA Police	<input type="checkbox"/>	
										Other:	<input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					9
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									10
At			Feet N S E W of or Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street									11
Also at Intersection with			Feet N S E W of Landmark									
Route# Direction Name of Intersecting Roadway/Street												
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped						
License # St DOB/Age			Reg # Reg Type Reg State									
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20									
Operator Last First Middle			Owner Last First Middle									12
Address			Address									
City State Zip			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22 2 Most Harmful Event 23			1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled						
Citation # (If Issued)			Driver Contributing Code 24 24 Underride/Override 25 Towed									
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												13
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			-----									
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 15 97 Location 16 4 Condition 17 1			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # St DOB/Age			Reg # Reg Type Reg State									
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20									
Operator BILAL HAZRAT			Owner Last First Middle									
Address 50 ABERDEEN ST			Address									
City NEWTON State MA Zip 02461			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22 2 Most Harmful Event 23			1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled						
Citation # (If Issued)			Driver Contributing Code 24 24 Underride/Override 25 Towed									
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												
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			-----						10 1 NONE			

→ 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:

It should be noted MV2 struck MV1 at an angle where the vehicles came to a halt shown in the crash diagram provided in this report. An opposite direction sideswipe caused the vehicles to move in such direction. No injuries. MV1 sustained heavy drivers side damage. MV2 sustained heavy drivers side and front end damage. MV3 sustained minor left rear end damage. MV4 sustained minor left rear end damage. MV1 and MV2 were towed on scene by Tody's towing. A towed motor form was filled out for both vehicles. Operator of MV1 sent pictures along with a dash cam video of the accident to his insurance for review.

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

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

JUSTIN MARCH

NEWTON POLICE DEPT.

07/08/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date