

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/11/2020		Time of Crash 10:01 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:						9	
NORTH LOWELL AVE										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
WEST OTIS ST													
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						3			
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 200000374							
License # --- St MA DOB/Age ---				Reg # 1GE839 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013 Veh Make CHEVY Veh Config. 1 20									
Operator BRADLEY SCOTT				Owner (Same as operator)								12	
Address 115 WITHINGTON ROAD				Address _____									
City NEWTON State MA Zip 02461				City _____ State _____ Zip _____									
Insurance Company GENERAL				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2								10 Undercarriage 5 11 Totaled	
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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 checked="" type="checkbox"/> Vehicle 2 2 #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 # 2LWA50 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make SUBARU Veh Config. 2 20									
Operator LOXHA NEXHMEDIN				Owner LOXHA TEUTA									
Address 38 WALKER ST				Address 38 WALKER ST									
City NEWTON State MA Zip 02460				City NEWTON State MA Zip 02460									
Insurance Company STANDARD FIRE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2								10 Undercarriage 5 11 Totaled	
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24									
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													
LOXHA, TEUTA 38 WALKER ST NEWTON, MA 02460													

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

LOWELL AVE

OTIS ST

Unit 1

Unit 2

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

ON 7-11-20 AT APPROX. 1001HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT UPON ARRIVAL T THE INTERSECTION OF LOWELL AVE. AND OTIS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON OTIS ST. STOPPED AT A RED LIGHT WHEN THE LIGHT TURNED GREEN HE PROCEEDED AND WAS HIT IN THE RIGHT SIDE BY VEHICLE #2. OPERATOR OF VEHICLE #2 STATES HE WAS TRAVELING S-BOUND ON LOWELL AVE. AS HE APPROACHED THE INTERSECTION HE THOUGHT HE HAD A GREEN LIGHT AND PROCEEDED. WHEN HE SAW VEHICLE #1 IN THE INTERSECTION HE BRAKED BUT WAS UNABLE TO AVOID HITTING HIM. VEHICLE #1 HAD RIGHT SIDE DAMAGE, BOTH SIDES AIRBAG DEPLOYMENT AND WAS TOWED BY TODYS. VEHICLE #2 HAD FRONT LEFT QTR. PANEL DAMAGE BUT WAS STILL OPERATIONAL. ALL THREE PARTIES WERE EXAMINED BY MEDICS AND SIGNED PATIENT REFUSALS. ALL PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. BASED ON THE CIRCUMSTANCES OF THE ACCIDENT, THE AREAS OF DAMAGE, AND A

(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

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

THOMAS P WALSH

NEWTON POLICE DEPART

07/11/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

