

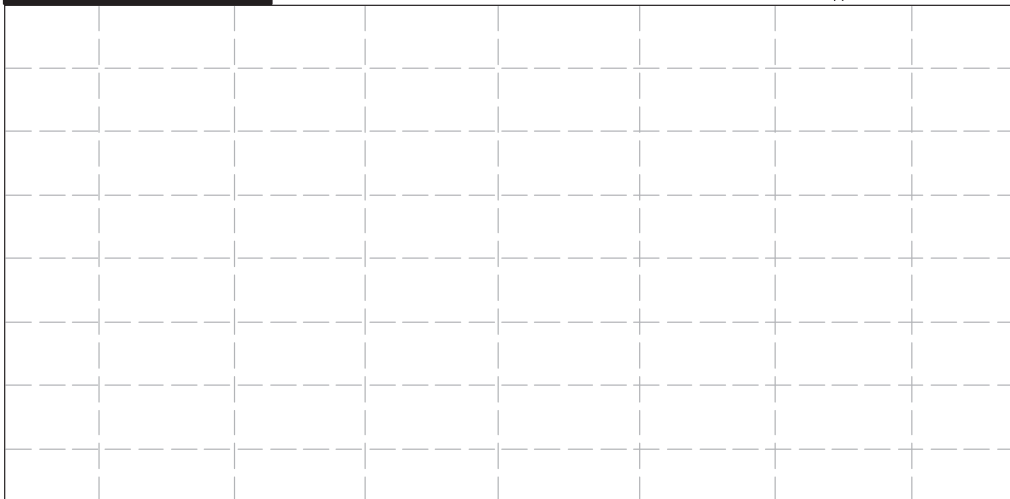
Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 07/27/2020		Time of Crash 16:09 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude _____ 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>Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street</div>						<div>WEST 20 HAMMOND POND PKWY Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark</div>																																																																						
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000407																																																																						
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SINGH MEDHA Address 20 HAMMON POND PKWY (apt. 404) City NEWTON State MA Zip 02467 Insurance Company AMICA INSURANCE						Reg # 938XC4 Reg Type PAN Reg State MA Veh Year 2013 Veh Make BMW Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 11 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 24 Underride/Override 25 Towed Y 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						<table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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	-----	---	---						10	1																																								
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	-----	---	---						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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																																																																												
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MARKELL CAROL R Address 20 HAMMOND POND PKWY (apt. 105) City NEWTON State MA Zip 02467 Insurance Company GOVERNMENT EMPLOYEES INSURANCE						Reg # 259WN4 Reg Type PAN Reg State MA Veh Year 2012 Veh Make INFINITI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 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						<table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Non-Motorist</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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																																								
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																																																																	



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

heard the day before. Owner and Operator of MV2 stated she was not aware that she struck MV1. No injuries. MV1 sustained minor damage to the rear end. MV2 sustained minor damage to the right front end. No vehicles towed.

---

---

---

---

---

---

---

---

---

---

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

JUSTIN MARCH

NEWTON POLICE DEPT

07/27/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date