

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/10/2020		Time of Crash 06:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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:						9		
1	1	SOUTH CHESTNUT ST											2	
		Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street							10	
		At				Feet N S E W of _____ or _____								
		ELLIOT ST				Mile Marker Exit Number								
		Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____							11	
		Also at Intersection with				Route# Intersecting Roadway/Street							6	
		Route# Direction Name of Intersecting Roadway/Street				Landmark								
3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000441						
		License # --- St MA DOB/Age ---				Reg # 2EGT90 Reg Type PAN Reg State MA								
		Sex F Lic. Class D 18 18		Lic. Restrictions 1 19		CDL _____		Veh Year 2012 Veh Make HONDA		Veh Config. 1 20				
4	3	Operator GREENWALD NANCY L				Owner (Same as operator)								12
		Address 99 NEEDHAM ST (apt. 1410)				Address _____								
		City NEWTON State MA Zip 02468				City _____ State _____ Zip _____								
		Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)				
5	1	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				Event Sequence 1 22 22 22 22				
		Citation # (If Issued) _____				Most Harmful Event 1 23				Most Harmful Event 1 23				
		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Driver Contributing Code 1 24 24				
6	1	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25				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								1				
		Operator See Above				Operator See Above				Operator See Above				
7	2	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 XX DOB/Age ---				Reg # 2HM294 Reg Type PAN Reg State MA								
		Sex M Lic. Class 99 18 18		Lic. Restrictions 1 19		CDL _____		Veh Year 2004 Veh Make TOYOTA		Veh Config. 1 20				
		Operator MUKIIBI ROBERT BRIGHTON				Owner SEMBAMBO DAVID								
		Address 25 SUMMER ST (apt. 8)				Address 24 LYMAN TER								
		City BOSTON State MA Zip 02452				City WALTHAM State MA Zip 02452								
		Insurance Company PERMANENT GENERAL ASSURANCE CORP OF OI				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)				
		Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				Event Sequence 1 22 22 22 22				
		Citation # (If Issued) T2014675				Most Harmful Event 1 23				Most Harmful Event 1 23				
		Violation 1: Ch 90/9/B Sec _____ Violation 2: Ch 90/9 Sec _____				Driver Contributing Code 6 24 24				Driver Contributing Code 6 24 24				
		Violation 3: Ch 89/8 Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25				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				Operator/Non-Motorist See Above				Operator/Non-Motorist See Above				
		SSUUNA, IDA				25 SUMMER ST (apt 8) BOSTON, MA 02452				25 SUMMER ST (apt 8) BOSTON, MA 02452				

Crash Narrative:

Operator 1 of MV 1 was traveling N/B on Chestnut St by Elliot St when MV 2 was attempting to turn left onto Elliot St and collided with MV1. Moderate damage to MV1, no injuries to Operator 1.

Operator 2 was on Chestnut St facing S/B attempting to turn left onto Elliot St and did not see MV1 coming straight. MV2 collided with the front of MV1. Moderate damage to MV2. Passenger of MV2 was not injured.

Both vehicles were towed by Todys towing.

Operator 2 was issued citation # T2014675 for c90s23 Attaching wrong MV plates, c90s9 Unregistered MV and c89s9 Failure to yield onto oncoming traffic.

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 _____	<div>35</div>
Address _____		City _____	St _____ Zip _____
US DOT #: _____		State Number _____	Issuing State _____ ICC #: _____ Interstate _____
Cargo Body Type Code _____	<div>37</div>	Gross Vehicle Weight _____	<div>38</div>
Trailer Reg #: _____		Reg Type _____	Reg State _____ Reg Year _____ Trailer Length _____
Hazmat Information:			<div>39</div>
Placard _____	<div>40</div>	Material 1 digit # _____	<div>41</div>
Material Name _____		Material 4 digit # _____	Release code _____
			<div>42</div>