

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/15/2020		Time of Crash 16:47 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:							
<div>CENTRE ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>CABOT ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000453							
License # --- St MA DOB/Age ---						Reg # EV734M Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2019 Veh Make TESLA Veh Config. 1 20							
Operator HOMSI MOHAMAD						Owner (Same as operator)							
Address 73 BELLEVUE HILL RD						Address							
City BOSTON State MA Zip 02132						City State Zip							
Insurance Company AMERICAN FAMILY CONNECT PROPERTY						Vehicle Action Prior to Crash 2 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 3 4							
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 N							
Please fill out for operator and all occupants involved						<div>10 Undercarriage</div> <div>11 Totaled</div>							
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 4 0 0 10 1 NONE							
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 IL DOB/Age ---						Reg # 9PH947 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20							
Operator MARTINS GUILHERME						Owner (Same as operator)							
Address 23 SHAWMUT AVE (apt. 3)						Address							
City MARLBOROUGH State MA Zip 01752						City State Zip							
Insurance Company COMMERCE INSURANCE						Vehicle Action Prior to Crash 2 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 3 4							
Citation # (If Issued) T2015086						Most Harmful Event 1 23							
Violation 1: Ch 19/71 Sec Violation 2: Ch Sec						Driver Contributing Code 5 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved						<div>10 Undercarriage</div> <div>11 Totaled</div>							
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 4 0 0 10 1 NONE							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Centre St

Cabot St

MV2

MV1

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

**Crash Narrative:**

MV1 and MV2 operators had collaborative stories. Both MV1 and MV2 were operating southbound on Centre St approaching Cabot St (both public ways). MV1 was in front of MV2, and was slowing down to stop for the yellow light signal turning red. MV1 was rear ended, sustaining rear bumper damage. MV1 operator reported no injuries at this time. MV2 sustained front bumper damage, and MV2 also reported no injuries at this time. Neither MVs required a tow. MV2 operator was cited and given MA Uniform Citation warning # T2015086 for city ordinance violation, 19-71, Following too Closely.

**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

MARK HATFIELD

NEWTON POLICE DEPT.

08/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date