

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/19/2020	Time of Crash 13:31 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
Route# Direction Name of Roadway/Street At			SOUTH 195 CRAFTS ST Route# Direction Address # Name of Roadway/Street				2				10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				2				11
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____				2				12
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 2000000461		
License # --- St MA DOB/Age ---			Reg # 8CE171 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make JEEP Veh Config. 2			20		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner GUBERYES SOPHIA			Address 14 (apt. 2) HOLDEN ST			12		
Operator REDA ABEMELEK			City BOSTON State MA Zip 02123			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Address 15 HOLDEN ST (apt. 2)			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
City BOSTON State MA Zip 02123			Underride/Override 25 Towed N			8 7 6			10 Undercarriage 11 Totaled		
Insurance Company PROGRESSIVE			Please fill out for operator and all occupants involved								
Vehicle Travel Direction: N X E W Responding to Emergency? N			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			13		
Citation # (If Issued) _____											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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 MA DOB/Age ---			Reg # 7JZ329 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make VW Veh Config. 1			20		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____					
Operator JENSON LINZY			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 100 CUSHING ST (apt. 1)			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 5 24 24		
City WALTHAM State MA Zip 02453			Underride/Override 25 Towed Y			8 7 6			10 Undercarriage 11 Totaled		
Insurance Company GOVT EMPLOYEES			Please fill out for operator and all occupants involved								
Vehicle Travel Direction: N X E W Responding to Emergency? N			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			13		
Citation # (If Issued) _____											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

craft st

watertown st

fire station #197 Craft St

Unit 1

Unit 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

N

**Crash Narrative:**

Operator #1 stated he was stopped in traffic, S/B on Craft St by the Fire Station, #197 Craft St when he was rear ended by vehicle #2.

Operator #2 stated she was behind MV#1 on Craft St when she reported MV#1 stopped in front of her. She was unable to stop before crashing into the rear of his MV. There were no injuries due to this accident and vehicle #2 was towed by Todys due to damage.

**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