

Police Use Only				Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 09/10/2020	Time of Crash 21:54 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 Other: <input type="checkbox"/>						
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:									
												2	9				
Route# Direction Name of Roadway/Street At				SOUTH 183 ADAMS ST								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 Landmark								1		11			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000509											
License # --- St MA DOB/Age ---				Reg # 1JG543 Reg Type PAN Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment				3		12			
Operator WAHAB HASIBULLAH Last First Middle				Owner (Same as operator) Last First Middle				Veh Year 1998 Veh Make SUBA Veh Config. 2 20				3		12			
Address 236 ADAMS STREET				Address				City NEWTON State MA Zip 02548									
Insurance Company THE COMMERCE INS				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 2 22 22 22 22				Most Harmful Event 2 23									
Citation # (If Issued)				Driver Contributing Code 13 24 9 24				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13		2			
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 0 #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 DOB/Age ---				Reg # 9GM478 Reg Type PAN Reg State MA				Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				20					
Operator Last First Middle				Owner WHITE TIMOTHY Last First Middle				Veh Year 2018 Veh Make FORD Veh Config. 2 20									
Address				Address 179 ADAMS ST				City NEWTON State MA Zip 02458									
Insurance Company THE COMMERECE INS				Vehicle Action Prior to Crash 11 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				Most Harmful Event 1 23									
Citation # (If Issued)				Driver Contributing Code 1 24 24				Underride/Override 25 Towed Y									
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												13		2			
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																	
Operator/Non-Motorist See Above				---				---									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

179 Adams St

adams st

Veh 1

Veh 2

unknown

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

○

Crash Narrative:

On 9/10/2020 I was working N491 when I responded to the area of Adams St. for a report of an MVA unknown injuries. Upon arrival I spoke with Hasibullah Wahab who stated he was traveling southbound on Adams St. when an unknown vehicle traveling northbound on Adams St. approached with "blinding" headlights. Wahab stated he "was unable to see due to the headlights and swerved" striking Veh 2.

Wahab was evaluated by Newton medics and signed a patient refusal. I located the Owner of Veh 2 Tim White. White requested his vehicle be towed off the street due to the fact it was leaking fluids and he did not feel safe driving it. Both Vehicles were towed by Todys. Both parties were provided accident report numbers.

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