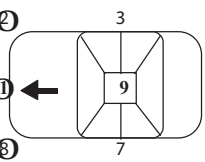
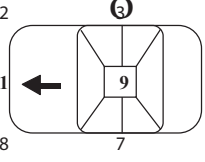


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 09/11/2020		Time of Crash 09:28 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report					Number Vehicles 2	Number Injured 2	Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
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						30 EAST 624 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000511										
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator MALESEVIC FREDERIC JAMES Address 19 LOTHROP ST City BRIGHTON State MA Zip 02135 Insurance Company PLYMOUTH ROCK Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 5ZS551 Reg Type PAN Reg State MA Veh Year 2013 Veh Make VOLK Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 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 See Above																	
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator OZCAN OHAN A Address 3 KINGS GRANT RD City WESTON State MA Zip 02493 Insurance Company SAFETY Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # S84505 Reg Type CON Reg State MA Veh Year 2016 Veh Make GMC Veh Config. 2 20 Owner ATLAS CONTRACTING Address BX636 City WATERTOWN State MA Zip 02471 Vehicle Action Prior to Crash 8 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N 											
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																	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

The operator of MV#1 stated he was traveling east bound on Commonwealth Ave when MV#2 pulled out in front of him from the carriage lane. MV#1 struck the side of MV#2. The operator of MV#2 stated that he was making a turn from the carriage lane crossing over 2 lanes of traffic heading east on Commonwealth Ave. MV#2 was struck by MV#1 on the passenger side. Both vehicles had airbag deployment, both vehicles were towed by Tody's, and medical refusals were signed by both operators.

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