

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 09/20/2020	Time of Crash 15:57 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 3	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:						
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:											
																				2	
Route# Direction Name of Roadway/Street At						SOUTH 30 NOD HILL RD Route# Direction Address # Name of Roadway/Street Feet [N][S][E][W] of • or Mile Marker Exit Number														10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet [N][S][E][W] of Route# Intersecting Roadway/Street														11	
Route# Direction Name of Intersecting Roadway/Street						Landmark														6	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000539											
License # --- St MA DOB/Age ---						Reg # 8YA418 Reg Type PAN Reg State MA															
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2020 Veh Make LEXS Veh Config. 2 20														12	
Operator AHMED NAIMA Last First Middle						Owner (Same as operator) Last First Middle														1	
Address 3 ELLIOT CIRCLE						Address															
City SHREWSBURY State MA Zip 01545						City State Zip															
Insurance Company SAFETY INS						Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: X S E W Responding to Emergency? N						Event Sequence 2 22 22 22 22 ②						3 4 10 Undercarriage 5 11 Totaled									
Citation # (If Issued)						Most Harmful Event 2 23						Driver Contributing Code 19 24 24 ① ← 9 7 6									
Violation 1: Ch Sec Violation 2: Ch Sec						Underride/Override 25 Towed Y															
Violation 3: Ch Sec Violation 4: Ch Sec																					
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						2															
Operator See Above ----- - - - 1 5 4 0 0 10 1																					
Please Select One of the Following:														13							
<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 # 4HL418 Reg Type PAN Reg State MA															
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment						Veh Year 2013 Veh Make BMW Veh Config. 1 20															
Operator Last First Middle						Owner SAQIB REHMAN Last First Middle															
Address						Address 1 ASHWOOD RD															
City State Zip						City ACTON State MA Zip 01720															
Insurance Company						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 ③						3 4 10 Undercarriage 5 11 Totaled									
Citation # (If Issued)						Most Harmful Event 1 23						Driver Contributing Code 1 24 24 ⑧ ← 9 7 6									
Violation 1: Ch Sec Violation 2: Ch Sec						Underride/Override 25 Towed Y															
Violation 3: Ch Sec Violation 4: Ch Sec																					
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																					
Operator/Non-Motorist See Above ----- - - -																					

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
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Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____									
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____									
3			Landmark _____									
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000539					
4 License # _____ St _____ DOB/Age _____			Reg # 2KFS95		Reg Type PAN		Reg State MA					
Sex _____ Lic. Class 18 18			Lic. Restrictions 19		CDL _____		Veh Year 2019 Veh Make PORS Veh Config. 2 20					
Operator _____ Last First Middle			Owner SIDDQUI KASHIF M		Last First Middle		Address 64 DONIZETTI ST					
City _____ State _____ Zip _____			City WELLESLEY		State MA		Zip 02482					
Insurance Company _____			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 2 22 22 22 22					
5 Vehicle Travel Direction: N X E W			Responding to Emergency? N		Most Harmful Event 2 23		Driver Contributing Code 1 24 24					
Citation # (If Issued) _____			Underride/Override 25		Towed N		Diagram: 1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
6 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												
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.		27 Safety System	
Operator			See Above		-----		---		28 Airbag Status		29 Airbag Switch	
									30 Eject Code		31 Trap Code	
									32 Injury Status		33 Transp. Code	
											Medical Facility	
7 Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
8 License # _____ St _____ DOB/Age _____												
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Sex _____ Lic. Class 18 18												
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Veh Year _____ Veh Make _____ Veh Config. 20												
Operator _____												
Owner _____												
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Event Sequence 22 22 22 22												
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									30 Eject Code		31 Trap Code	
									32 Injury Status		33 Transp. Code	
											Medical Facility	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ○ Pedestrian

Crash Diagram:    ie: → 1    → 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

Crash Narrative:

Based on observations, and statements made, the following occurred.

M/V#1 was attempting to park in front of #30 Nod Hill Rd. As it pulled in front of M/V#2 operator #1 thought she placed her vehicle in reverse, and depressed the accelerator, however, the vehicle was still in drive, it lurched forward, struck M/V#2 which cause M/V#2 to move backwards, and hit M/V#3.

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