

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																		
Date of Crash 09/21/2020	Time of Crash 14:18 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>31Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 300 TREMONT ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</div> <div>11Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ Route# _____ Intersecting Roadway/Street _____</div> <div>2Feet <input type="checkbox"/>N<input type="checkbox"/>S<input type="checkbox"/>E<input type="checkbox"/>W of _____ Landmark _____</div>																						
<input checked="" type="checkbox"/> Vehicle1 4 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000544																		
License # --- St FL DOB/Age ---			Reg # W91LXH Reg Type PAN Reg State NJ				Sex F Lic. Class <input type="checkbox"/> D1818 Lic. Restrictions <input type="checkbox"/> 119 CDL _____																		
Operator PRIYANKA BHANDARI			Owner (Same as operator)				Veh Year 2020 Veh Make MITSUBISHI Veh Config. 220																		
Address 11 RICKER TER			Address _____				City _____ State _____ Zip _____																		
Insurance Company PV HOLDING			Vehicle Action Prior to Crash 221				Damaged Area Code: (Circle Up to Three)																		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 12222222				10 Undercarriage																		
Citation # (If Issued) _____			Most Harmful Event 123				11 Totaled																		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 12424				6																		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y																						
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		See Above		-----		---		3		4		99		0		0		10		1					
SEJPAL, SANKET		11 RICKER TER NEWTON, MA 02458		-----		M		11		1		4		99		0		0		10		1			
SEJPAL, AARYA		11 RICKER TER NEWTON, MA 02458		-----		F		4		4		4		99		0		0		10		1			
SEJPAL, RIYAAN		11 RICKER TER NEWTON, MA 02458		-----		M		6		4		4		99		0		0		10		1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle2 2 #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 # 9FB582 Reg Type PAN Reg State MA				Sex M Lic. Class <input type="checkbox"/> D1818 Lic. Restrictions <input type="checkbox"/> 119 CDL _____																		
Operator OLIVEIRA LUIZ			Owner PV HOLDING CORP				Veh Year 2015 Veh Make TOYOTA Veh Config. 220																		
Address 6 VICTOR RD			Address 9029 GRAND CENTRAL PKWY				City FRAMINGHAM State MA Zip 01702																		
City FRAMINGHAM State MA Zip 01702			City EAST ELMHURT State NY Zip 11369				Vehicle Action Prior to Crash 121				Damaged Area Code: (Circle Up to Three)														
Insurance Company PV HOLDING CORP			Event Sequence 12222222				10 Undercarriage																		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 123				11 Totaled																		
Citation # (If Issued) _____			Driver Contributing Code 192424				6																		
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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					
OLIVEIRA, SAMANTHA		6 VICTOR RD FRAMINGHAM, MA 01702		-----		F		11		1		4		99		0		0		10		1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

300 Tremont

Unit 1

Unit 2

P.O.I.

tremont st

← N =

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:

The operator of MV1 (NJ Reg: W91LXH) stated that she was travelling eastbound on Tremont St when she observed people in the crosswalk in front of her. MV1 stated that she slowed down to let the people cross and was rear ended by MV2.

The operator of MV2 (MA Reg: 9FB582) stated that he was travelling behind MV1 when they began to slow down, but could not stop in time to avoid a collision. MV2 stated that they rear ended MV1. All parties involved stated they were not injured and declined medical attention. Neither vehicle required a tow. MV1 sustained damage to the rear end, MV2 sustained damage to the drivers side front.

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