

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/25/2020	Time of Crash 16:48 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 <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
CENTRE ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ • _____ or _____					Exit Number		
PEARL ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Route# Intersecting Roadway/Street		
Also at Intersection with										
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 200000555			
License # --- St CA DOB/Age ---			Reg # NF288		Reg Type PAN		Reg State CT			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2017		Veh Make FORD		Veh Config. 1 20			
Operator BROWN HANNA NEELY			Owner BROWN CORNELIUS							
Address 12 BROWNWOOD LN			Address 12 BROWNWOOD LN							
City NORWICH State CT Zip 06360			City NORWICH State CT Zip 06360							
Insurance Company TRAVELERS INSURANCE			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8		6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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 See Above			-----		99 4 99 0 0 10 1					
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 # 2601531		Reg Type APP		Reg State IN			
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2006		Veh Make INT		Veh Config. 10 20			
Operator SACHELL NAPTHOLI L			Owner NEW PENN MOTOR LLC							
Address 32 MYSTIC ST			Address 10990 ROE AVE							
City METHUEN State MA Zip 01844			City OVERLAND OK State KS Zip 66211							
Insurance Company OLD REPUBLIC INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		9		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			-----		99 4 99 0 0 10 1					

→ 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:

Both MV#1 and MV#2 were stopped at the traffic light facing northbound on Centre St. at the intersection of Pearl St. When the light turned green, both vehicles proceeded north through the intersection. It should be noted the roadway turns from two lanes to one lane north of Pearl St. Once through the intersection the vehicles sideswiped each other as they merged. Damage was observed to the driver side door of Mv#1 while Mv#2 sustained minor damage to its passenger side wheel well. The operator of Mv#2 stated he did not observe Mv#1 as he merged through the intersection, due to a blind spot on the passenger side of the vehicle. No injuries were reported and both vehicles were driven away from the scene.

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 # 2601531 (From Vehicle Section)

Carrier Name NEW PENN MOTOR EXPRESS LLC Carrier Issuing Authority Code 35

Address 10990 ROE AVE City OAKLAND PARK St IN Zip 66211

US DOT #: 10670 State Number _____ Issuing State KANSAS ICC #: _____ Interstate 1 36

Cargo Body Type Code 97 37 Gross Vehicle Weight 2 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

DANIEL SOHN NEWTON POLICE DEPT 09/25/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00