

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/31/2020	Time of Crash 07:38 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> 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:			
CENTRE ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street			
At										
COMMONWEALTH AVE										
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____				Mile Marker Exit Number			
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# Intersecting Roadway/Street			
							Landmark			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000626	
License # --- St MA DOB/Age ---			Reg # CARDMD Reg Type PAV Reg State MA			Veh Year 2013 Veh Make MERZ Veh Config. 1 20				
Sex F Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013 Veh Make MERZ Veh Config. 1 20							
Operator HARIAWALA REKHA M			Owner (Same as operator)							
Address 293 HARTMAN RD			Address _____							
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			-----			99 3 4 0 0 8 2			NWH	
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 # 9EW818 Reg Type PAN Reg State MA			Veh Year 2014 Veh Make HONDA Veh Config. 2 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014 Veh Make HONDA Veh Config. 2 20							
Operator MILLSTEIN JONATHAN ANDREW			Owner (Same as operator)							
Address 92 CROSS ST			Address _____							
City BELMONT State MA Zip 02478			City _____ State _____ Zip _____							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 6 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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/Non-Motorist See Above			-----			99 3 4 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre St

Commonwealth Ave

VEH 1

VEH 2

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:

Oper # 1 stated she was driving NB on Centre Street and as she was crossing Commonwealth Ave Veh # 2 starting to turn in front of her and she was unable to stop.

Oper # 2 stated he was going SB on Centre Street and was turning left onto Commonwealth Ave., he admitted to not seeing MV #1.

Oper # 2 transported to NWH

both vehicles towed by Tody's.

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