

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/24/2020	Time of Crash 17:33 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 30 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:						
Route# Direction Name of Roadway/Street At			SOUTH 1616 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			50 Feet N S E W of BOYLSTON RD Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000673		
License # --- St MA DOB/Age ---			Reg # 5HW126 Reg Type PAN Reg State MA			Veh Year 2014 Veh Make GRAY Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator QUEEN MICHAEL D			Owner LITTLE MAX INC					
Address 8 HEATHWOOD LN			City BROOKLINE State MA Zip 02467			Address 151 MILK ST					
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 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			Most Harmful Event 1 23			Driver Contributing Code 5 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Diagram			10 Undercarriage 5 11 Totaled		
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										13	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator			See Above			-----		---			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---										Reg # 7ZA446 Reg Type PAN Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										Veh Year 2004 Veh Make HOND Veh Config. 1 20	
Operator LEVIN GUY										Owner LEVIN-SOBEL INBAL	
Address 345 LINDWOOD AVE										Address 95 OAKDALE AVE	
City NEWTON State MA Zip 02450										City NEWTON State MA Zip 02461	
Insurance Company COMMERCE INSURANCE										Vehicle Action Prior to Crash 2 21	
Vehicle Travel Direction: N X E W Responding to Emergency? N										Event Sequence 1 22 22 22 22	
Citation # (If Issued) _____										Most Harmful Event 1 23	
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										13	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator/Non-Motorist			See Above			-----		---			

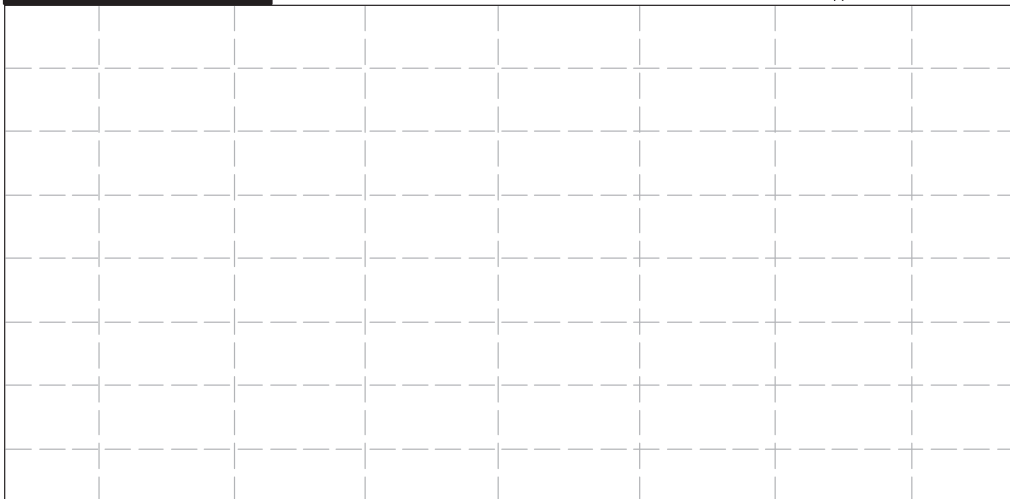
Commonwealth of Massachusetts

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Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000673		
License # --- St MA DOB/Age ---			Reg # 5HM522 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make VOLK Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator KURD ALAN			Owner (Same as operator)					
Address 85 DEAN RD			City BROOKLINE State MA Zip 02445			Insurance Company BANKERS STANDARD INSURANCE					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above					
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		
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20					
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Operator			Owner					
Address			City State Zip			Insurance Company					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above					

→ 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:

Driver 1 stated he rear ended Driver 2 as a result.

Driver 2 stated his vehicle was nearly at a stop on Centre St because of heavy traffic. Driver 2 stated

Driver 1 collided into the rear end of his vehicle. Driver 2 stated the impact of the collision caused his vehicle to rear end Driver 3 in front of him.

Driver 3 stated he was nearly at a stop on Centre St because of heavy traffic. Driver 3 stated Driver 2 collided into the rear end of his vehicle.

All three vehicles suffered major damage. Todys' Towing came and took Vehicle's 1 and 2. Vehicle 3 was able to be driven 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 # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 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

NICHOLAS JAMES GAMBLE

NEWTON POLICE DEPART

11/24/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date