

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/11/2020		Time of Crash 16:02 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:						9	
Route# Direction Name of Roadway/Street At				1 NORTH 400 CENTRE ST		Route# Direction Address # Name of Roadway/Street						2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____ Route# Intersecting Roadway/Street _____						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark _____								2	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000728						3	
License # --- St MA DOB/Age ---				Reg # 1CTM13 Reg Type PAN Reg State MA								12	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2019 Veh Make SUBA Veh Config. 1 20								1	
Operator WALSH ALICE				Owner JP MORGAN CHASE BANK								3	
Address 218 SCHOOL ST				Address PO 901098								12	
City GROVELAND State MA Zip 01834				City FORT WORTH State TX Zip 76101								1	
Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								13	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4								1	
Citation # (If Issued) _____				Most Harmful Event 1 23								1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24								1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N								1	
Please fill out for operator and all occupants involved												13	
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								1	
Operator See Above				1 4 99 0 0 10 1								1	
WALSH, COLLEEN 69 I STREET BOSTON, MA 02127				F 3 1 4 99 0 0 10 1								1	
												1	
												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												99	
License # --- St MA DOB/Age ---				Reg # 6LNT80 Reg Type PAN Reg State MA								12	
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 2016 Veh Make TOYT Veh Config. 1 20								1	
Operator BAKHTYARI SHAYAN				Owner BAKHTYARI FARSHID								2	
Address 156 HARTMAN RD				Address 156 HARTMAN RD								2	
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02459								2	
Insurance Company QUINCY MUTUAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								2	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4								2	
Citation # (If Issued) _____				Most Harmful Event 1 23								2	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24								2	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N								2	
Please fill out for operator and all occupants involved												2	
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								2	
Operator/Non-Motorist See Above				1 4 99 0 0 10 1								2	
												2	
												2	
												2	

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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 vehicles were successfully able to be driven away from the scene.

[illegible]

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	37	Gross Vehicle Weight	38
----------------------	----	----------------------	----

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

Hazmat Information:

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

JOHN MILDNER

NEWTON POLICE DEPARTMENT

12/11/2020

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____