



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/26/2021	Time of Crash 14:54 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	Speed Limit 35 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			Route# Direction Address # Name of Roadway/Street				9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____				11			
Route# Direction Name of Intersecting Roadway/Street			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000048			
License # --- St MA DOB/Age ---			Reg # 194NS2		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013		Veh Make AUDI		Veh Config. 20			
Operator KHAN BENJAMIN C			Owner (Same as operator)		First Middle					
Address 37 W BOILEVARD			Address _____		First Middle					
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____		First Middle					
Insurance Company GEICO			Vehicle Action Prior to Crash 2 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		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 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			See Above		-----		99 4 4 0 0 9 2			
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 ---			
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year ---		Veh Make ---		Veh Config. 20			
Operator ---			Owner ---		First Middle					
Address ---			Address ---		First Middle					
City --- State --- Zip ---			City --- State --- Zip ---		First Middle					
Insurance Company ---			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Event Sequence 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 23		1 9		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		8 7 6					
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		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		-----		-----			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Cotton St

Centre Street

Unit 3

Unit 2

Unit 1

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:**

Vehicle # 3 stopped on Centre Street SB so that he could turn left onto Cotton Street. This caused vehicle # 2 to stop on Centre Street behind him. Vehicle # 1 crashed into vehicle #2 causing it to move forward and crash into vehicle # 3.

Oper 1 and 3 were transported to NWH. Oper # 2 was transported to NPD to await a ride.

Veh 1 and 2 were towed by Tody's. Vehicle 3 was left on Cotton Street

**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