

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 03/31/2021	Time of Crash 19:10 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:			
SOUTH PARK ST Route# Direction Name of Roadway/Street At EAST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of 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 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 210000220							
License # --- St MA DOB/Age --- Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator IGBINOVIA STEPHEN Last First Middle Address 145 WILLARD ST (apt. D4) City QUINCY State MA Zip 02169 Insurance Company SAFETY INSURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 5GZ575 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYO Veh Config. <u>1</u> <u>20</u> Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>5</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> <u>24</u> <u>24</u> <u>8</u> <u>7</u> <u>6</u> Driver Contributing Code <u>10</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved			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			Age/DOB Sex --- --- 1 4 4 0 0 10 1							
Operator			Age/DOB Sex --- --- 1 4 4 0 0 10 1							
Operator			Age/DOB Sex --- --- 1 4 4 0 0 10 1							
Operator			Age/DOB Sex --- --- 1 4 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St MA DOB/Age --- Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator BERNER KARL Last First Middle Address 5 SEAWORD RD (apt. 3) City WELLESLEY State MA Zip 02481 Insurance Company THE COMMERCE INSU Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 2HMS95 Reg Type PAN Reg State MA Veh Year 2016 Veh Make HYUN Veh Config. <u>1</u> <u>20</u> Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>5</u> <u>24</u> <u>24</u> <u>8</u> <u>7</u> <u>6</u> Driver Contributing Code <u>5</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
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Operator/Non-Motorist See Above			Age/DOB Sex --- --- 1 4 4 0 0 10 1							
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Operator/Non-Motorist			Age/DOB Sex --- --- 1 4 4 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:

Vehicle one stated that he was cut off multiple times when driving eastbound on Washington St approaching Park St by vehicle two. Vehicle one was in the far left lane attempting to cross over to the far right lane to merge onto Park St.

Vehicle two stated that while he was driving eastbound on Washington St vehicle one sped up and passed him and cut him off. Vehicle one then got in front and "break checked" vehicle two. Vehicle two then merged into a different traffic lane and passed vehicle one. Vehicle two then stated that vehicle one aggressively passed him again and "break checked him" again by slamming on his breaks. Vehicle two did not have enough time to break himself and rear ended vehicle one.

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