

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/12/2021	Time of Crash 15:48 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		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: _____			
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 430 CENTRE ST 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 _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000339				
License # _____ St MA DOB/Age _____			Reg # 673MB8		Reg Type PAN		Reg State MA				
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2007		Veh Make TOYOTA		Veh Config. <u>1</u> <u>20</u>				
Operator OSULLIVAN MAUREEN Last First Middle			Owner (Same as operator)		First Middle		Address _____				
Address 40 FRANKLIN ST			City _____		State _____ Zip _____		Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
Insurance Company PLYMOUTH ROCK			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4		11 Totaled				
Citation # (If Issued) _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed <u>N</u>						
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			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		-----		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 _____			Reg # 8HB916		Reg Type PAN		Reg State MA				
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2009		Veh Make TOYOTA		Veh Config. <u>2</u> <u>20</u>				
Operator MBAZIIRA MAHAD Last First Middle			Owner (Same as operator)		Last First Middle		Address _____				
Address 107 MIDDLESEX RD (apt. 2)			City _____		State _____ Zip _____		Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
Insurance Company ARBELLA MUTUAL			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4		11 Totaled				
Citation # (If Issued) _____			Driver Contributing Code <u>19</u> <u>24</u> <u>5</u> <u>24</u>		Underride/Override <u>25</u> Towed <u>N</u>						
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			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		-----		1 4 4 0 0 10 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

430 Centre St

Centre St

Washington St

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 1 was merging onto Washington St. from Centre St. Vehicle 1 came to a complete stop to wait to merge into traffic. Vehicle 2 was looking behind to see if he had space to merge into traffic. Vehicle 2 operator thought vehicle 1 proceeded into the intersection. Vehicle 2 rear ended vehicle 1.

**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

KATELYN MARY POHLMAN

NEWTON POLICE DEPT.

05/12/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date