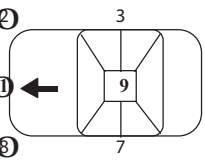
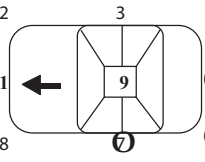


Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 06/15/2021	Time of Crash 16:30 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:				
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:									
WEST WASHINGTON ST Route# Direction Name of Roadway/Street At NORTH WAVERLEY AVE 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 N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000433													
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator BEJERANO STAV Last First Middle Address 16 EVERETT ST City NEWTON State MA Zip 02459 Insurance Company THE COMMERCE INSURANCE Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 99AX05 Reg Type PAN Reg State MA Veh Year 2009 Veh Make TOYOTA Veh Config. 2 20 Owner BEJERANO YANIV Last First Middle Address 16 EVERETT STREET City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 ② Most Harmful Event 1 23 Driver Contributing Code 19 24 24 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						1 13													
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											
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment O Operator OYEDEJI TINA Last First Middle Address 26 DANA AVE (apt. 2) City HYDE PARK State MA Zip 02136 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 3PT487 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 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/Non-Motorist See Above						1 13													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Waverly Ave

P.O.I.

← N =

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:

The operator of MV1 stated he stopped at the stop sign on Waverly Ave, proceeded to pull onto Washington Street, westbound, when he struck MV2 on the rear driver side of the vehicle.

The operator of MV2 stated she was traveling westbound on Washington Street, approaching Waverly Ave. As she was turning left onto Waverly Ave, MV1 pulled out on Washington Street.

MV1 had minor damage to the front bumper. MV2 had moderate damage to the passenger side and rim. Also the rear bumper was hanging off. Both operators stated they were not injured and were able to operate the vehicles once all paper work was gathered.

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