

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/28/2021	Time of Crash 16:05 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 400 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000566	
License # --- St MA DOB/Age ---			Reg # 869TSO Reg Type PAN Reg State MA			Veh Year 2007 Veh Make ACURA Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner GIESSER JOHN L			Address 119 HANCOCK ST				
Operator GIESSER BENJAMIN DAVID			City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)	
Address 119 HANCOCK ST			Insurance Company THE STANDARD FIRE INSURANCE COMPANY			Event Sequence 1 22 22 22 22			10 Undercarriage	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 4 24 19 24			Underride/Override 25 Towed Y	
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			NONE	
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 ---			Reg # 666EW9 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make INFINITI Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____				
Operator RAHMIN NARGIS			City BOSTON State MA Zip 02118			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Address 889 HARRISON AVE			Insurance Company GEICO GENERAL INSURANCE COMPANY			Event Sequence 1 22 20 21 22 22			10 Undercarriage	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 99 23			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y	
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 3 4 0 0 10 1			NONE	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

1

2

N

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 Vehicle #1 stated that as he was travelling Eastbound on Centre St he changed lanes to the right prior to the collision with Vehicle #2.

The operator of Vehicle #2 stated that as she was travelling Eastbound on Centre St Vehicle #1 entered the lane, colliding with her vehicle, and causing her to drive onto the island, and over 2 posted signs, and bushes.

Both parties refused medical attention when it was offered. Both vehicles were also towed from the scene as a result of being disabled.

Pictures of the damages to city property were taken, and added to Incident #

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

DECLAN G HEALY NEWTON POLICE DEPART 07/28/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00