Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
07/28/2021	12:14 24HR	NEWTON	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 / 1 — Route# WEST Direction; NORTH ST Name of Roadway/Street

At

Route# NORTH Direction; FARWELL ST Name of Intersecting Roadway/Street

Also at Intersection with

2 / 1 — Route# Direction; Name of Intersecting Roadway/Street

NOT AT INTERSECTION: 2 / 9

Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker or Exit Number

2 / 10

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

3 / 11

3 — ☒ Vehicle 1 2 #Occupants ☐ Hit/Run ☐ Moped Case Number 2100000568

License # --- St MA DOB/Age -- -- ---- Reg # 3KMG80 Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2012 Veh Make TOYOTA Veh Config. 2 20

4 / 2 — Operator KHAMKAEW (Last) SOMKHIT (First) (Middle) Owner (Same as operator) 1 / 12

Address 89 WILLOW ST Address

City WALTHAM State MA Zip 02435 City State Zip

Insurance Company COMMERCE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

5 / 1 — Vehicle Travel Direction: ☒ S E W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 97 24

6 / 1 — Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y

10 Undercarriage 11 Totaled

1 / 13

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	
KHAMKAEW, NOLEK	89 WILLOW STREET WALTHAM, MA 02453	-- -- ----	F	3	1	4	4	0	0	10	1	

7 / 4 — Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # --- St MA DOB/Age -- -- ---- Reg # 8HB522 Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20

8 / 1 — Operator CAMPBELL (Last) JOSEPH (First) D (Middle) Owner LEONARD (Last) TIFFANY (First) M (Middle)

Address 156 WATER STREET (apt. 1) Address 156 (apt. 1) WATER STREET

City LOEMINISTER State MA Zip 01453 City LEOMINISTER State MA Zip 01453

Insurance Company GEICO Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N ☒ E W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24

Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y

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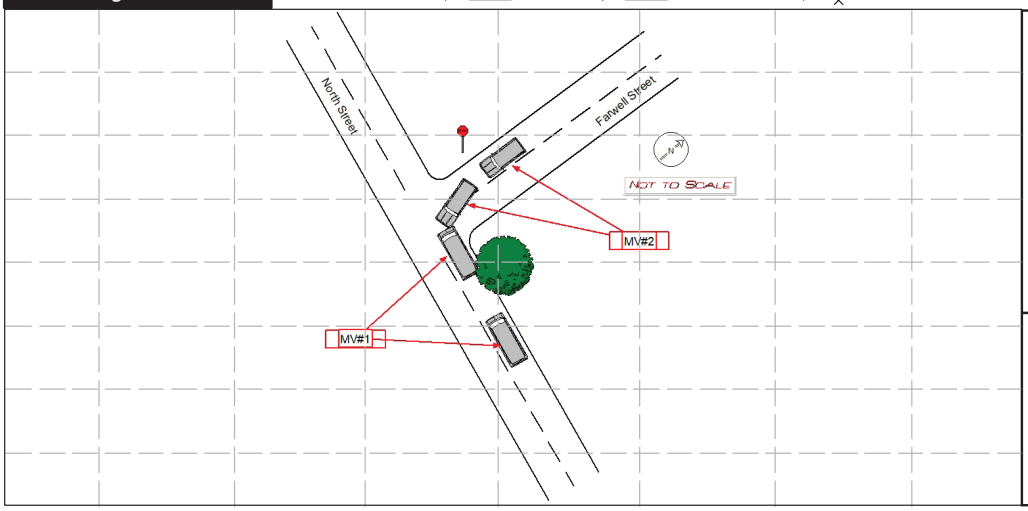
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -	1	4	4	0	0	10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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:

- MV#1 was traveling east on North Street when it Collided with MV#2.

- Op MV#1 stated he was traveling east on North Street when he observed MV#2 stopped at the stop sign on Farwell Street. He stated that MV#2 pulled out in front of him and they collided. He stated he was very glad he was going very slow or it could have been worse.

-Op MV#2 stated he was traveling south on Farwell Street preparing to go on to North Street. He stated he observed MV#1 approaching in the distance with his right directional indicator on. He stated he would use the opportunity created by MV#2 and enter the road way. He stated as he was looking right and entered the road he collided with MV#1.

-While on scene neither party reported injuries and both vehicles were capable of being driven away. I

(Continued on next page)

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 35

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length 39

Hazmat Information:

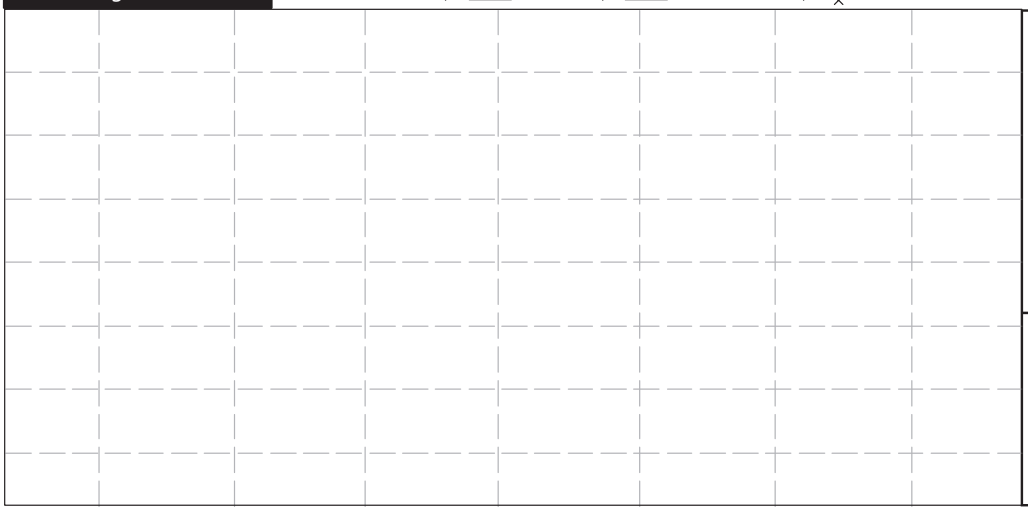
Placard 40 Material 1 digit # 41 Material Name_____ Material 4 digit # _____ Release code 42

DAVID A. CALDERON			NEWTON POLICE DEPARTM		07/29/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

observed the damage to the right front bumper of MV#1 and I observed damage to the bumper of MV#2.

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 [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

DAVID A. CALDERON			NEWTON POLICE DEPARTM		07/29/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date