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	State Police	Local Police	MBTA Police	Other:
08/06/2021	20:34 24HR	NEWTON	2	0	25			☐	☒	☐	

LOCATION

AT INTERSECTION:

Route# Direction Name of Roadway/Street: NORTH WASHINGTON ST

At

Route# Direction Name of Intersecting Roadway/Street: EAST SAINT JAMES ST

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# Direction Address # Name of Roadway/Street:

Feet N S E W of Mile Marker or Exit Number

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

Feet N S E W of Landmark

4 (1) 1 (2) 2 (9) 2 (10) 3 (11)

3 (1) ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2100000587

License # --- St MA DOB/Age -- -- ---- Reg # RWZ921 Reg Type PAS Reg State MA

Sex M Lic. Class D (18) 18 Lic. Restrictions 1 (19) CDL Endorsment Veh Year 2011 Veh Make SAA Veh Config. 1 (20)

4 (3) Operator GHANEM HABIB (Last First Middle) Owner (Same as operator) (Last First Middle) 1 (12)

Address 30 BROOKSDALE RD Address

City BRIGHTON State MA Zip 02135 City State Zip

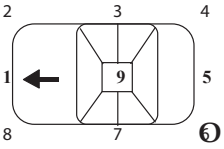
Insurance Company PLYMOUTH ROCK ASSU Vehicle Action Prior to Crash 1 (21) Damaged Area Code: (Circle Up to Three)

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) 1 (24)

6 (1) Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N



Please fill out for operator and all occupants involved (13) 1

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	- - - - - - - -	- - -	- - -	99	4	99	0	0	10	1	

7 (2) 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 # 729MH3 Reg Type PAN Reg State MA

Sex F Lic. Class D (18) 18 Lic. Restrictions I (19) CDL Endorsment Veh Year 2013 Veh Make VOLV Veh Config. 1 (20)

8 (2) Operator COUGHLIN CATHERINE (Last First Middle) Owner (Same as operator) (Last First Middle)

Address 92 HUDSON RD Address

City SUDBURY State MA Zip 01776 City State Zip

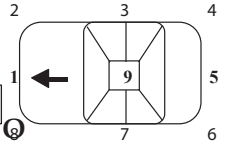
Insurance Company NORFOLK DEDHAM MUT Vehicle Action Prior to Crash 1 (21) Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S ☒ 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 19 (24) 20 (24)

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



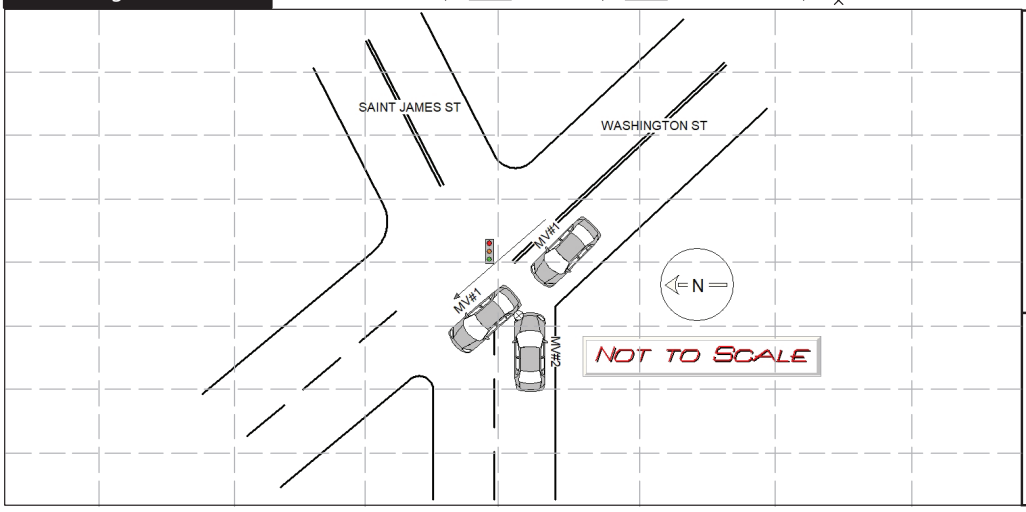
Please fill out for operator and all occupants involved

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	- - - - - - - -	- - -	- - -	99	4	99	0	0	10	1	

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:

MV#1 Was traveling North West on Washington St when he was struck at the intersection of James St & Washington St by MV#2.

OPMV#1 Stated he had the green light and when he got through the intersection he was struck by the OPMV#2 who had the red light.

MV#2 Was traveling Eastbound on James St when she collided with MV#1 at the intersection of James St & Washington St.

OPMV#2 Stated she wasn't paying attention and didn't realize the light was red until it was too late and struck the OPMV#1.

No vehicles towed

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]

REID LARSON			NEWTON POLICE DEPARTM		08/06/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00