

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/09/2021	Time of Crash 14:56 24HR	City/Town NEWTON	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: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 976 CENTRE ST Route# Direction Address # Name of Roadway/Street				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 210000683		
License # --- St MA DOB/Age ---			Reg # 869ED7 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010 Veh Make HONDA Veh Config. 2 20		
Operator KANSAGARA SANJAY Last First Middle			Owner (Same as operator) Last First Middle			Address _____			Address _____		
City BURLINGTON State MA Zip 01803			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INSURANCE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 11 Totaled		
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		
Operator			See Above			-----			---		
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 # 3FX313 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2004 Veh Make TOYOT Veh Config. 1 20		
Operator MINAS ANNAMARIA Last First Middle			Owner MINAS MARIETTE Last First Middle			Address _____			Address _____		
City FRAMINGHAM State MA Zip 01701			City WATERTOWN State MA Zip 02472			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company PLYMOUTH ROCK			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 5 24 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 11 Totaled		
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		
Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Ward St

Centre St

Unit 1

Unit 2

976 Centre 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:

MV1 was traveling southbound on Centre St in traffic near the intersection of Centre St @ Ward St.

MV2 was also traveling southbound on Centre St. MV2 operator stated due to the road way conditions of rain, her tires did not catch the roadway and when she applied the breaks her tires slipped due to the rain. MV2 attempted to stop but was not able to and rear ended MV1.

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 DEPART

09/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date