

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/19/2021		Time of Crash 02:45 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: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				SOUTH 1542 CENTRE ST		Route# Direction Address # Name of Roadway/Street						2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark _____						3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000727						3	
License # --- St MA DOB/Age ---				Reg # NE86VV Reg Type PAN Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____						20	
Operator HODROJ FADI				Veh Year 2011 Veh Make TOYOTA Veh Config. 2		Owner (Same as operator)						12	
Address 211 HILLTOP DR				City WALPOLE State MA Zip 02081		Address _____						1	
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						13	
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23						1	
Citation # (If Issued) _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y						6	
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						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									
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 # 1TWJ57 Reg Type PAS Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make NISSAN Veh Config. 2		Operator NOEL STANLEY						20	
Address 60 MAOLIS AVE				City WEST BRIDGEWATER State MA Zip 02379		Owner (Same as operator)						1	
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						13	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 42 22 1 22 22		Most Harmful Event 1 23						1	
Citation # (If Issued) _____				Driver Contributing Code 11 24 24		Underride/Override 25 Towed Y						6	
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						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/Non-Motorist See Above --- 99 3 1 0 0 10 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

1542 Centre St

NOT TO SCALE

MV#1

MV#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 south on Centre St. MV#2 was traveling north on Centre St. MV#2 crossed the double yellow lines and crashed into MV#1.

Operator of MV#1 stated that he while he was traveling south on Centre St, he observed MV#2 cross the lines and strike him.

Operator of MV#2 stated that while he was traveling north on Centre St, he lost control of his vehicle.

Operator of MV#2 stated he lost control due to the heavy rain fall that was occurring. Operator of MV#2 stated that after he lost control of his vehicle, he crashed into MV#1.

Both parties signed a patient refusal with medics.

Both vehicles were towed off scene by Todys.

**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