

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/18/2021	Time of Crash 16:34 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
SOUTH BALLARD ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
SOUTH CENTRE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of or Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street								
			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000954		
License # --- St MA DOB/Age ---			Reg # 5MR297 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make MERZ Veh Config. 1 20								
Operator BLAKELY THOMAS R Last First Middle			Owner (Same as operator) Last First Middle								
Address 1270 COMMONWEALTH AVE			Address								
City NEWTON State MA Zip 02465			City State Zip								
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			8 7 6					
Please fill out for operator and all occupants involved			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			9 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 # 2SXA76 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2012 Veh Make HYUN Veh Config. 1 20								
Operator GURUNG MIKESH Last First Middle			Owner (Same as operator) Last First Middle								
Address 96 BRIGHT STREET			Address								
City WALTHAM State MA Zip 02453			City State Zip								
Insurance Company FARMERS PROPERTY & CASUALTY INSURANCE C			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			8 7 6					
Please fill out for operator and all occupants involved			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			10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Ballard Street

Centre Street

P.O.I.

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:

Opr. of MV1 stated that he was traveling southbound on Centre Street when he was struck from the rear by MV2.

Opr. of MV1 stated he was a little shaken up from the accident but his parents would take him to the hospital if need be. MV1 was not towed. MV1 suffered minor damage.

Opr. of MV2 stated he was traveling southbound on Centre Street when he rear ended MV1. Opr. of MV2 stated he was looking at his cell phone when he struck MV2. MV2 was not towed. MV2 suffered minor damage. No injuries

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

CHRISTOPHER PERRY NEWTON POLICE DEPART 11/18/2021

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

CDP1 11 -24-00