

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/29/2021	Time of Crash 17:07 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:					
<div>WEST CRAFTS ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH FESSENDEN ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000996			
License # --- St MA DOB/Age ---			Reg # 1CGE16		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2019		Veh Make SUBARU		Veh Config. 1 20			
Operator ZAIDI HUSSAIN			Owner ZAIDI FATIMA							
Address 25 FESSENDEN ST			Address 25 FESSENDEN ST							
City NEWTON State MA Zip 02460			City NEWTON		State MA Zip 02460					
Insurance Company GEICO			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24		6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		7					
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 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 # 55JX89		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2017		Veh Make TOYOTA		Veh Config. 1 20			
Operator LINITZ KAREN S			Owner (Same as operator)							
Address 16 GILBERT ST			Address							
City WALTHAM State MA Zip 02453			City		State Zip					
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		7					
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			1 4 99 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

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 eastbound on Crafts St attempted to take a left, northbound, on Fessenden St. MV1 did not see MV2 traveling westbound on crafts st and struck the vehicle.

MV2 was traveling Westbound on Crafts St when all of a sudden MV1 attempted to take a left turn onto Fessenden St and collided with MV2.

Both parties declined medical attention. Both vehicles were towed 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