

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/22/2022		Time of Crash 18:25 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 195 ADAMS ST		Route# Direction Address # Name of Roadway/Street						2	
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 _____						10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000061					3
License # --- St MA DOB/Age ---				Reg # 78JS47		Reg Type PAN		Reg State MA					12
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2017		Veh Make SUBA		Veh Config. 1 20					3
Operator COREY ETHAN				Owner (Same as operator)									1
Address 64 OAK CLIFF RD				Address									
City NEWTON State MA Zip 02460				City		State		Zip					
Insurance Company METRO PROPERTY AND CASUALTY				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 2 22 22 22 22		Most Harmful Event 2 23		Driver Contributing Code 18 24 24		Underride/Override 25 Towed Y		10 Undercarriage 5 11 Totalled	
Citation # (If Issued)													
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		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 4 0 0 10 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 _____ DOB/Age _____				Reg # 5ZEX20		Reg Type PAN		Reg State MA					13
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2012		Veh Make FORD		Veh Config. 2 20					2
Operator _____				Owner RAHALL JR MARK EDWARD									
Address _____				Address 100 ADAMS ST									
City _____ State _____ Zip _____				City NEWTON		State MA		Zip 02458					
Insurance Company GOV EMPLOYEES INSURANCE				Vehicle Action Prior to Crash 11 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		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		10 Undercarriage 5 11 Totalled	
Citation # (If Issued)													
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____													
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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 4 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

ADAMS ST

195 ADAMS ST

Unit 2

Unit 1

Unit 1

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:

Operator of MV1 said he was traveling south bound on Adams street and a vehicle traveling north bound had it's high beams on. Operator of MV1 said this caused him to pull quickly to the right and he could not see initially. Operator of MV1 said he struck MV2 which was parked in front of 195 Adams Street. MV1 had damage to the front passenger bumper. MV2 had damage to the rear driver side bumper. There were no injuries and MV1 was towed away by Tody's. Owner of MV2 arranged for his vehicle to be towed privately. A towed motor vehicle form was filled out and placed in its proper location.

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