

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/04/2022		Time of Crash 13:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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				EAST 176 COMMONWEALTH AVE		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 _____ Mile Marker _____ Exit Number _____						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				Feet N S E W of _____		Landmark _____						5	
3 2		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000109					
4 1		License # --- St MA DOB/Age ---		Reg # 5987VG		Reg Type PAN		Reg State MA		Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			12
		Operator HAMBLIN JONATHAN		Veh Year 2020		Veh Make INFINITI		Veh Config. 1 20		Owner (Same as operator)			
		Address 106 WESTMOOR RD		Address _____		City _____		State _____ Zip _____		Address _____			
5 1		City W ROXBURY State MA Zip 02132		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)				Insurance Company THE COMMERCE INSURANCE			
		Vehicle Travel Direction: N S E X Responding to Emergency? N		Event Sequence 1 22 22 22 22		2 3 4		5 11 Totaled		Citation # (If Issued) _____			
6 4		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		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									13 1
		Operator See Above		-----		---		---					
7 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped									
8 1		License # --- St XX DOB/Age ---		Reg # 4LGT99		Reg Type PAN		Reg State MA		Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			
		Operator BABAYEV NADIR		Veh Year 2007		Veh Make TOYOTA		Veh Config. 1 20		Owner (Same as operator)			
		Address 14 MIDDLESEX RD (apt. 3)		Address _____		City _____		State _____ Zip _____		Address _____			
		City WALTHAM State MA Zip 02452		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)				Insurance Company LIBERTY MUTUAL			
		Vehicle Travel Direction: N S X W Responding to Emergency? N		Event Sequence 1 22 22 22 22		3 4		5 11 Totaled		Citation # (If Issued) _____			
		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Most Harmful Event 1 23		Driver Contributing Code 19 24 24		Underride/Override 25 Towed Y		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/Non-Motorist See Above		-----		---		---		1		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:

On 02/05/22, while assigned to N496 I was dispatched to Comm Ave. @ Old Colony Rd for a two MV accident.

Upon arrival I spoke with the operator of MV1 who stated he was driving Westbound on Comm Ave. He stated that MV2 which was driving Eastbound on Comm Ave lost control due to the icy road conditions. MV1 stated that MV2 lost control, hit a snow bank and swerved into his lane causing the accident.

The operator of MV2 stated that he was driving eastbound on Comm ave when he lost control of the MV due to the icy conditions of the road. The operator of MV2 stated that he lost control and hit a snow bank which caused him to swerve into the westbound lane.

Todys's arrived on scene and took possession of MV2. EMS arrived on scene and both parties refused medical attention.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42