

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/07/2022		Time of Crash 15:10 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				WEST 247 CALIFORNIA ST		Route# Direction Address # Name of Roadway/Street						2	
				Feet N S E W of _____ • _____ or _____		Mile Marker Exit Number						10	
				Feet N S E W of _____		Route# Intersecting Roadway/Street						11	
				Feet N S E W of _____		Landmark						4	
3		2		<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000117			
License # --- St XX DOB/Age ---				Reg # 07620Z8		Reg Type PC		Reg State TX		12			
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011		Veh Make SUBARU		Veh Config. 1 20					
Operator INGALA GODFREY				Owner AJIAMBO MILLICENT									
Address 201 CHAPEL ST				Address 201 CHAPEL ST									
City NEWTON State MA Zip 02458				City NEWTON		State MA		Zip 02458					
Insurance Company NONE				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 2 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 2 23		0 1 9		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 9 24 24		6 7 8							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved										13			
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					
AJIAMBO, MILLICENT 201 CHAPEL ST NEWTON, MA 02458				---		F 4 1 4 99 0 0 10 1							
7 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St DOB/Age ---				Reg # UNK		Reg Type UNK		Reg State XX					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year UNK		Veh Make UNK		Veh Config. 2 20					
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____		State _____		Zip _____					
Insurance Company _____				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
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Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE				Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

247 California St

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 stated he was travelling "slow" down California St when a "black truck (MV2) tried to pass me, hit my bumper forcing me to hit that parked car" (MV3).

No reported injuries. A canvass for MV2 was conducted yielding negative results. Both MV1 & MV3 sustained significant damage and were removed from the scene by Todys.

The owner of MV1 was cited with the following:

M.G.L. 90/24B Altering Forging Documents

M.G.L. 90/9 Unregistered M/V

M.G.L. 90/34J Uninsured M/V

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