

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 02/07/2022		Time of Crash 16:06 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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 431 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												4					
3				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000118							
License # _____ St MA DOB/Age _____				Reg # 2CE427				Reg Type PAN				Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011				Veh Make HYUN				Veh Config. 1 20					
Operator DEWEY GEORGE				Owner (Same as operator)								12					
Address 18 CHERITON RD (apt. 308)				Address _____													
City WEST ROXBURY State MA Zip 02132				City _____ State _____ Zip _____													
Insurance Company THE COMMERCE INSURANCE				Vehicle Action Prior to Crash 3 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				Event Sequence Diagram				10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____				Most Harmful Event 1 23													
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24													
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N													
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				---													
ANTONIOS, ANTHONY 35 MOUNT PLEASANT AVE HOLBROOK, MA				M 6 4 4 1 0 0 10 1													
7				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	
License # _____ St MA DOB/Age _____				Reg # RS44HP				Reg Type PAN				Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010				Veh Make PORSCHE				Veh Config. 1 20					
Operator NANDA ASHISH				Owner (Same as operator)													
Address 16 VOSS TERRACE				Address _____													
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____													
Insurance Company THE COMMERCE INSURANCE				Vehicle Action Prior to Crash 3 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				Event Sequence Diagram				10 Undercarriage 5 11 Totaled					
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 97 24 24													
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N													
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				---													

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: 1 2

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 02/07/22 I was dispatched to Washington St. @ Center St. for a two car motor vehicle accident. Upon arrival the operator of MV1 stated that he was driving on the right lane of Washington St and turned right to merge onto Center St (S/B). The operator of MV1 stated that the operator of MV2 was in the middle lane when he tried to merge onto the right lane which caused MV1 to hit MV2 on the right side of the bumper. As they continued driving straight MV2 stopped which caused MV1 to tap the rear bumper of MV2 Causing minor damages to the bumper.

The operator of MV2 stated that he was the one driving on right lane when the operator of MV1 hit him in the rear bumper. The operator of MV2 stated that he had the right away which is why MV1 crashed into his bumper. I asked the operator of the of MV2 how did he get damage on the right side of his vehicle to which he replied

(Continued on next page)

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

