

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/05/2022		Time of Crash 16:09 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 _____				WEST 2345 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000206			2	
1				License # --- St MA DOB/Age ---		Reg # 278JV7		Reg Type PAN		Reg State MA		12		
1				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____		Veh Year 2008		Veh Make TOYOTA		Veh Config. 1 20		1		
1				Operator SOUFAN MOHAMED Last First Middle		Owner (Same as operator)		Last First Middle		Address _____		1		
1				Address 66 LANE DR		Address _____		City _____ State MA Zip 02062		City _____ State _____ Zip _____		1		
5				Insurance Company VERMONT MUTUAL INS		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2		13		
6				Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		1		
1				Citation # (If Issued) _____		10 Undercarriage		11 Totaled		12		1		
1				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 5: Ch _____ Sec _____ Violation 6: Ch _____ Sec _____		Violation 7: Ch _____ Sec _____ Violation 8: Ch _____ Sec _____		1		
1				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		See Above		1		
1				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 9PK512		Reg Type PAN		Reg State MA		1
1				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____		Veh Year 2002		Veh Make TOYOTA		Veh Config. 1 20		1		
1				Operator LAWSON ALEXIS Last First Middle		Owner (Same as operator)		Last First Middle		Address _____		1		
1				Address 50 GARDEN CIR (apt. 5)		Address _____		City WALTHAM State MA Zip 02452		City _____ State _____ Zip _____		1		
1				Insurance Company GEICO		Vehicle Action Prior to Crash 5 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2		13		
1				Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N		Most Harmful Event 1 23		Driver Contributing Code 5 24 24		Underride/Override 25 Towed N		1		
1				Citation # (If Issued) _____		10 Undercarriage		11 Totaled		12		1		
1				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 5: Ch _____ Sec _____ Violation 6: Ch _____ Sec _____		Violation 7: Ch _____ Sec _____ Violation 8: Ch _____ Sec _____		1		
1				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		See Above		1		
1				BIRDSALL, DERICK		50 GARDEN CIR (apt 5) WALTHAM, MA 02452		M 3		1 4 4 0 0 10 1		N/A		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

234 Commonwealth Ave

Commonwealth Ave

1 2

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:

On 3/5/22 at approximately 1610 hours, I responded to 2345 Commonwealth Ave for a 2 car accident.

On scene I spoke with MV1 who stated that he was driving westbound on Commonwealth Ave when he was rear ended by MV2. He stated that MV2 was driving very fast and he was behind a truck causing him to brake.

MV2 stated she was driving westbound and MV1 was continuously braking and she then attempted to switch lanes.

As she was switching lanes, she stated MV1 braked and she had hit the right rear part of his bumper.

No injuries were reported. Both vehicles had damaged but no tow was needed.

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

TIFFANY L HAMANN NEWTON POLICE DEPT 03/05/2022

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00