

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/26/2022		Time of Crash 17:01 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				WEST 345 WASHINGTON 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 _____ Mile Marker _____ Exit Number _____						10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street						11		
				Feet N S E W of _____		Landmark						3		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000344								
License # --- St MA DOB/Age ---				Reg # 1EZJ23 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 20										
Operator FREITAS SCOTT				Owner FBI								12		
Address 192 W LONG POND RD				Address 201 MAPLE ST										
City PLYMOUTH State MA Zip 02360				City CHELSEA State MA Zip 02150										
Insurance Company SURETY				Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24		5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N		6								
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				
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped														
License # --- St MA DOB/Age ---				Reg # 9EN752 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make AUDI Veh Config. 2 20										
Operator DEVAVRAT KUMAR				Owner (Same as operator)										
Address 130 CRAFTS ST				Address _____										
City NEWTONVILLE State MA Zip 02458				City _____ State _____ Zip _____										
Insurance Company GEICO				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 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		10 Undercarriage								
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Operator/Non-Motorist				See Above		-----		1 4 99		0 0 10 1				

→ 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:

MV1 stated he was attempting to pull into traffic when he made contact with MV2 causing minor damage.

MV2 stated he was travelling straight when MV1 pulled out and hit him causing minor damage.

No injuries reported & no tows required.

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

GREGORY P HELMS

NEWTON POLICE DEPART

04/26/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date