

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/24/2022		Time of Crash 17:36 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 _____				400 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ 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	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000443			4	
License # _____ St MA DOB/Age _____				Reg # BC7929				Reg Type PAN		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2001				Veh Make TOYOTA		Veh Config. 1 20				
Operator VALLADARES NATHAN				Owner (Same as operator)								12		
Address 155 BELMONT STREET				Address _____										
City WHITMAN State MA Zip 02382				City _____ State _____ Zip _____										
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N S X W] Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4		10 Undercarriage				
Citation # (If Issued) _____				Most Harmful Event 1 23				1 2 3 4 5 6 7 8 9 10 11		11 Totaled				
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				-----				---		0 4 99 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		
License # _____ St MA DOB/Age _____				Reg # 2ECX23				Reg Type PAN		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2021				Veh Make LEXUS		Veh Config. 2 20				
Operator KERYAN SUREN				Owner TAHA GRILL										
Address 49 CHANNING RD				Address 2 WATERTOWN STREET										
City BELMONT State MA Zip 02478				City WATERTOWN State MA Zip 02472										
Insurance Company ARBELLA				Vehicle Action Prior to Crash 5 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N S X W] Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4		10 Undercarriage				
Citation # (If Issued) _____				Most Harmful Event 1 23				1 2 3 4 5 6 7 8 9 10 11		11 Totaled				
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														
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 4 99 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

400 Centre Street

CENTER AVE

P.O.I.

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:

Operator of MV1 (MA reg BC7929) stated he was traveling EB on Centre Ave across from 400 Centre St when a vehicle in the far left lane attempted to enter his lane. Operator of MV1 stated the other vehicle sped up and upon entering his lane struck the front driver's side panel with the rear passenger side quarter panel.

Operator of MV2 (MA reg 2ECX23) stated he was traveling EB on Centre Ave on the far left lane when attempted to enter in the lane to his immediate right. Operator of MV2 stated he noticed a space to safely enter the lane but when he attempted to enter the operator of MV1 sped up and struck his rear passenger side quarter panel.

Both vehicles had minor damage mostly paint exchange. Both driver's stated they were not injured and did not

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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

