

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/15/2022		Time of Crash 20:13 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:							
<div>WEST CENTRE ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH WINCHESTER ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000532					
License # --- St MA DOB/Age ---				Reg # FW145V Reg Type PAS Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2013 Veh Make VOLK Veh Config. 1 20									
Operator CLOTT DOUGLAS A				Owner (Same as operator)									
Address 22 OAKWOOD RD				Address									
City NEWTON State MA Zip 02460				City State Zip									
Insurance Company STANDARD FIRE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				Event Sequence 1 22 22 22 22					
Citation # (If Issued)				Most Harmful Event 1 23				Most Harmful Event 1 23					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				Driver Contributing Code 1 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				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 See Above				1 5 4 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 # 8JX376 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2019 Veh Make NISSAN Veh Config. 2 20									
Operator GBUJIE BINTA				Owner (Same as operator)									
Address 275 ELM ST				Address									
City BRAINTREE State MA Zip 02184				City State Zip									
Insurance Company HANOVER INSURANCE				Vehicle Action Prior to Crash 3 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				Event Sequence 1 22 22 22 22					
Citation # (If Issued)				Most Harmful Event 1 23				Most Harmful Event 1 23					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 18 24 24				Driver Contributing Code 18 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				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 4 0 0 10 1									

→ Direction

ie: → 1 → 2 →

1 = Vehicle 1 2 = Vehicle 2

⊙ Pedestrian

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:

Vehicle 1 was traveling Northbound on Winchester St. Vehicle 2 was traveling Westbound on the Route 9 off ramp to turn onto Centre St. It should be noted that at the intersection of Centre St and Winchester St, there was an active work zone with a police detail and is a heavily trafficked area.

Newton Police Detail Officer Pohlman was on scene and witnessed vehicle 1 traveling Northbound and as vehicle 2 was slowing inching towards the intersection, the front bumper of vehicle 2 scraped along the right side of the front bumper and the passenger side door of vehicle 1. I observed large dents and scrapes along the passenger side of vehicle 1 and deep scrapes and scuff marks on the front bumper of vehicle 2.

All parties declined medical attention and no vehicle needed to be towed.

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