

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/07/2022		Time of Crash 13:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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 1000 COMMONWEALTH AVE 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 _____													
1 1				<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000605			11
License # _____ St MA DOB/Age _____				Reg # 9PP186				Reg Type PAN		Reg State MA		12	
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2021				Veh Make TOYOTA		Veh Config. 2 20			
Operator MUHOZI JOSEPH Last First Middle				Owner (Same as operator) Last First Middle									
Address 1550 WORCESTER RD (apt. 228)				Address _____									
City FRAMINGHAM State MA Zip 01702				City _____ State _____ Zip _____									
Insurance Company PROGRESSIVE DIRECT				Vehicle Action Prior to Crash 1 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 2				8		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 1 23				1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				7 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												1	
Operator See Above				---				---		99 4 4 0 0 10 1			
URUBERA, DENYSE 15 GLEDHILL AVE EVERETT, MA 02149				---				F 4 99 4 4 0 0 10 1					
MUHOZI, JOEY 1550 WORCESTER RD (apt 228) FRAMINGHAM, MA 01702				---				F 6 4 4 4 0 0 10 1					
7 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 # 6TP183				Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2017				Veh Make TOYOTA		Veh Config. 1 20			
Operator KASMAN BARBARA Last First Middle				Owner (Same as operator) Last First Middle									
Address 30 PRISCILLA RD				Address _____									
City NEWTON State MA Zip 02467				City _____ State _____ Zip _____									
Insurance Company QUINCY MUTUAL FIRE				Vehicle Action Prior to Crash 6 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 2				3		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 1 23				1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				7 6					
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				---				---		99 4 4 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Commonwealth Ave

1000 Commonwealth Ave

MV#1

MV#2

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:

The operator of MV#1 stated he was travelling southbound at the entrance of 1000 Commonwealth Ave when MV#2 pulled out of her parking spot and struck him. MV#1 sustained moderate damages to its passenger side front and rear door area. There were no reported injuries to the operator of MV#1 or its passengers.

The operator of MV#2 stated she was attempting to pull out of her parking spot and did not see MV#1 when she struck it. MV#2 sustained moderate damage to its driver's side front bumper. There were no reported injuries to the operator of MV#2.

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