

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/03/2019		Time of Crash 09:18 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:							
<div><div>NORTH</div><div>WASHINGTON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>CENTRE AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>EAST</div><div>MASS PIKE EASTBOUND</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of _____ • _____ or _____</div><div>Mile Marker Exit Number</div><div>Feet N S E W of _____</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of _____</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000140							
License # --- St MA DOB/Age ---				Reg # 5539LG Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2007 Veh Make HONDA Veh Config. 1 20									
Operator LEI YONGHONG				Owner LEI PIN CHOU									
Address 215 FANEUIL ST				Address 215 FANEUIL ST									
City BRIGHTON State MA Zip 02135				City BRIGHTON State MA Zip 02135									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency? _____				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 1 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													
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 5 1									
LEI, PIN CHOU 215 FANEUIL ST BRIGHTON 02135				F 3 1 4 99 0 0 3 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 NH DOB/Age ---				Reg # 4382162 Reg Type PAN Reg State NH									
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____				Veh Year 2016 Veh Make CHEV Veh Config. 1 20									
Operator SMITH ZACHARY A				Owner (Same as operator)									
Address 9 RIVER ST (apt. D13)				Address _____									
City NEW MARKET State NH Zip 03857				City _____ State _____ Zip _____									
Insurance Company USAA				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? _____				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 3 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													
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 3 99 0 0 5 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:

OPERATOR #1 STATED HE WAS GOING N/B ON WASHINGTON ST WAS CROSSING THE INTERSECTION OF CENTRE AVE (GREEN LIGHT) VEHICLE#2 FAILED TO STOP FOR HIS RED LIGHT CAUSING THE CRASH.

OPERATOR #2 STATED HE WAS GOING E/B ON CENTRE AVE HEADING TOWARDS THE MASS PIKE EAST WHEN HE DIDN'T REALIZE HIS LIGHT HAD TURNED RED WHEN HE WAS GOING THROUGH THE INTERSECTION OF WASHINGTON ST. HE THEN CRASHED INTO VEHICLE #1 IN THE INTERSECTION.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPT

02/03/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date