

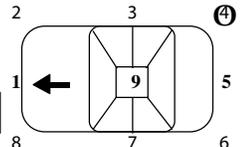
Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 02/03/2019	Time of Crash 17:53 24HR	City/Town NEWTON					Number Vehicles 2	Number Injured 0	Speed Limit 35 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:	
WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____	
NORTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N] [S] [E] [W] of _____ Mile Marker _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet [N] [S] [E] [W] of _____ Route# _____ Intersecting Roadway/Street _____	
			Feet [N] [S] [E] [W] of _____ Landmark _____	

<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000142
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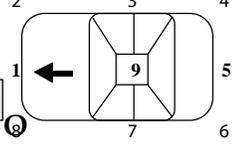
License # --- St MA DOB/Age -- -- --	Reg # HLG7004 Reg Type PAS Reg State NY
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____	Veh Year 2017 Veh Make ACURA Veh Config. 1 20
Operator CHOI GABRIELLE Last First Middle	Owner CHOI HYONG JUN Last First Middle
Address 164 GALEN ST	Address 172 MORNINGSIDE AVE
City WATERTOWN State MA Zip 02472	City PALISADES State NY Zip 10964
Insurance Company ALLSTATE INS CO	Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency? _____	Event Sequence 1 22 22 22 22 2
Citation # (If Issued) _____	Most Harmful Event 1 23
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		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	-----	---	---	99	4	99	0	0	5	1	
CHOI, STEPHEN	164 GALEN ST WATERTOWN, MA 02472	-----	M	6	99	4	99	0	0	5	1	
CHOI, VERENNA	164 GALEN ST WATERTOWN, MA 02472	-----	F	5	4	4	99	0	0	5	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 checked="" type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St MA DOB/Age -- -- --	Reg # 6LCJ30 Reg Type PAN Reg State MA
Sex M Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL _____	Veh Year 1997 Veh Make TOYOTA Veh Config. 1 20
Operator GOMES LEONEL Last First Middle	Owner (Same as operator)
Address 72 HIGH ST (apt. 2)	Address _____
City WALTHAM State MA Zip 02453	City _____ State _____ Zip _____
Insurance Company OCCIDENTAL FIRE	Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency? _____	Event Sequence 1 22 22 22 22 2
Citation # (If Issued) T1441292	Most Harmful Event 1 23
Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch 90/10/A Sec _____	Driver Contributing Code 5 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed N

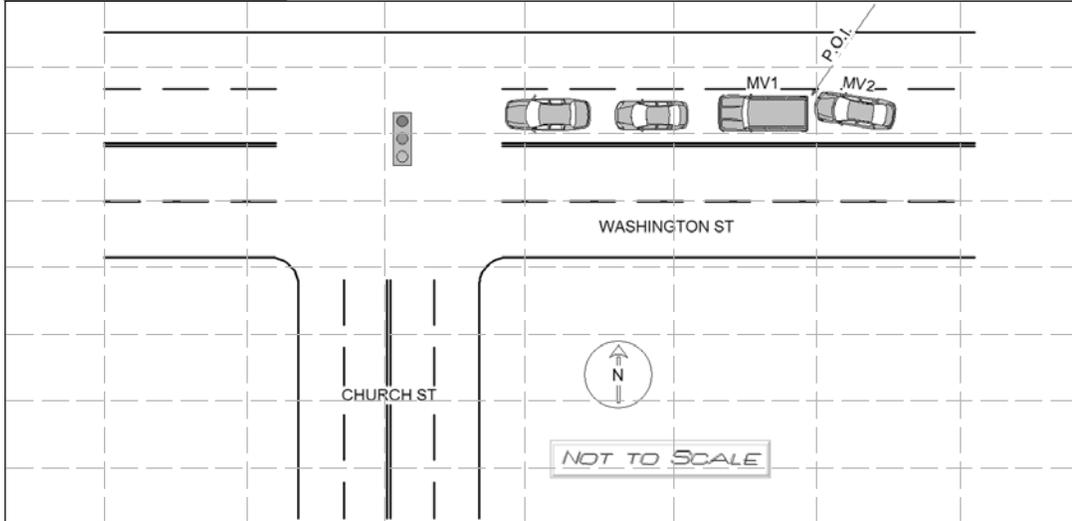


Please fill out for operator and all occupants involved		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	99	4	99	0	0	5	1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 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:

The operator of MV1 stated she was traveling Westbound on Washington St. at Church St. in the left travel lane and was coming to a stop behind several other cars at the red light. She stated as the light turned green she was struck from behind by MV2. As she proceeded to pull over, MV2 continued to travel Westbound on Washington St. and didn't stop. MV1 sustained minor damage to the right rear and was able to drive away from the scene safely.

MV2 came back registered to GOMES, Leonel of 72 High St. Waltham, and dispatch requested Waltham PD respond to check for the vehicle. Waltham PD located the vehicle in the driveway and the registered owner was sitting in the vehicle. An ELMUS, Elmer was on scene to translate for the operator as he only spoke Spanish.

Dispatch relayed to me that there was no status found on GOMES' license, and upon speaking to GOMES and ELMUS

(Continued on next page)

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

→ Direction 1 Vehicle 1 2 Vehicle 2  Pedestrian

Crash Diagram:

ie: → 1 → 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:

they confirmed he did not have a license or passport. GOMES relayed to ELMUS that he was aware that he struck MV1 at the intersection of Washington St. at Church St. He stated that the light was green and that he was traveling Westbound on Washington St behind MV1. He attempted to brake and turned his wheel to the right to avoid the crash, but struck MV1 in the right rear. He stated that he thought MV1 was going to leave so he didn't stop and drove back to his residence in Waltham. MV2 sustained minor damage to the front left bumper. All parties involved were uninjured.

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