

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/12/2019	Time of Crash 14:45 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 659 CHESTNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000184			
License # _____ St MA DOB/Age _____			Reg # 9VA441		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____			Veh Year 2018		Veh Make DODGE		Veh Config. 2 20			
Operator HUTCHINSON STEVEN Last First Middle			Owner (Same as operator)		Last First Middle					
Address 148 SARATOGA ST (apt. 2)			Address _____		City _____ State _____ Zip _____					
City EAST BOSTON State MA Zip 02128			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Insurance Company VERMONT MUTUAL			Event Sequence 1 22 22 22 22		2 3 4					
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Citation # (If Issued) _____			Driver Contributing Code 1 24 24							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25		Towed N					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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 4 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____			Reg # 98NL90		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make AUDI		Veh Config. 2 20			
Operator DANG VINGOCTOUN Last First Middle			Owner (Same as operator)		Last First Middle					
Address 1175 CHESTNUT ST (apt. 24)			Address _____		City _____ State _____ Zip _____					
City NEWTON State MA Zip 02464			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Insurance Company IDS PROPERTY CASUALTY			Event Sequence 1 22 22 22 22		2 3 4					
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Citation # (If Issued) _____			Driver Contributing Code 1 24 24							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25		Towed N					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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 3 2		NWH			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

98NL90 9VA441

NOT TO SCALE

659 Chestnut St

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:**

On 2/12/2018 at approx 1445hrs while assigned to 497 I responded to the area of 659 Chestnut St for a report of a two car crash . Upon arrival Ma Reg 9VA441 being operated by Steven HUTCHINSON and Ma Reg 98NL90 being operated by Vi DANG were pulled to the side of the road, there was a heavy snowfall and the road had accumulated a thick layer of snow and multiple crashes were occurring. NFD was on scene , DANG was crying and hysterical despite the minor nature of the crash and zero damage to either vehicle. HUTCHINSON stated they were creeping along NB on Chestnut St when DANG stopped, HUTCHINSON attempted to stop and his 4wd engaged and he slid slightly into the back of DANGS car, no marks or damage to either car. DANG elected to go to NWH with Cataldo . DANGs veh towed so as not to obstruct roadway.

**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