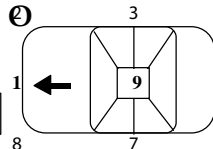
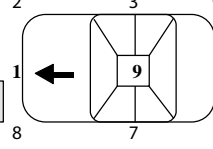


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/06/2019	Time of Crash 17:10 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					9	
SOUTH WALNUT ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ EAST WASHINGTON ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			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 11 5	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000244				12
License # _____ St MA DOB/Age ____-____-____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LOPEZ MARTHA Last First Middle Address 15 LAUREL ST (apt. 3) City WHITMAN State MA Zip 02382 Insurance Company GEICO			Reg # 7LL114 Reg Type PAN Reg State MA Veh Year 2017 Veh Make HYUNDAI Veh Config. 2 20 Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three)  10 Undercarriage 11 Totaled							13	
Please fill out for operator and all occupants involved			1								
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator See Above											
Please Select One of the Following:			14 Action 15 Location 16 Condition 17								
<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type		<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped		13
License # _____ St MA DOB/Age ____-____-____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CHOWDHURY ELORA Last First Middle Address 45 FOREST ST City NEWTON State MA Zip 02461 Insurance Company LIBERTY MUTUAL			Reg # 341VF3 Reg Type PAN Reg State MA Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20 Owner KAPOOR ALOK Last First Middle Address 45 FOREST ST City NEWTON State MA Zip 02461 Vehicle Action Prior to Crash 4 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three)  10 Undercarriage 11 Totaled							13	
Please fill out for operator and all occupants involved			1								
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator/Non-Motorist See Above											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian  
ie: → 1 → 2 →

#### Crash Diagram:

Walnut Street

Washington Street

Unit 1

Unit 2

P.O.I.

NOT TO SCALE

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 of MV1 states she was traveling eastbound on Washington Street approaching the intersection at Walnut Street. Operator of MV1 states the traffic light was green and when she entered the intersection she was struck by MV2 who was taking a left turn from Washington Street westbound onto Walnut Street southbound. MV1 sustained minor damage to the front right bumper.

Operator of MV2 states she was traveling westbound on Washington Street approaching the intersection at Walnut Street. Operator of MV2 states she was in the left turn/straight traffic lane when she attempted to take a left turn onto Walnut Street traveling southbound when MV1 struck MV2 in the right rear corner panel. Operator of MV2 states she didn't have the green arrow light, yet had the steady green traffic light. MV2 sustained damage to the right rear corner panel/tire and needed to be towed.

(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 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

**Crash Narrative:**

It should be noted when the traffic light turns green facing westbound on Washington Street, it gives drivers in the left turn/straight traffic lane the opportunity to take a left onto Walnut Street or travel straight on Washington Street before traffic can flow on Washington Street eastbound. This is displayed by a green arrow light and steady green light.

Due to my investigation, I cited the operator of MV2 in hand Massachusetts Uniform Citation #T1441446 for MGL Ch. 90 Sec. 14 Fail to yield right of way when turning

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

<b>Truck and Bus Information:</b>		Registration # _____ (From Vehicle Section)	
Carrier Name _____	Carrier Issuing Authority Code _____		35
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate _____
Cargo Body Type Code _____	Gross Vehicle Weight _____	36	
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length _____
37		38	
39			
<b>Hazmat Information:</b>			
Placard _____	Material 1 digit # _____	Material Name _____	Material 4 digit # _____ Release code _____
40	41		42