

Police Use Only						Commonwealth of Massachusetts										RMV Document Number					
Date of Crash 03/07/2019		Time of Crash 21:22 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:			
AT INTERSECTION:						< LOCATION >						NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At						WEST 20 CABOT ST Route# Direction Address # Name of Roadway/Street						2 9									
						Feet N S E W of Mile Marker Exit Number						2 10									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street						11									
						Feet N S E W of Landmark						4									
Route# Direction Name of Intersecting Roadway/Street																					
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000249											
License # --- St MA DOB/Age ---						Reg # 9AE325 Reg Type PAN Reg State MA															
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20															
Operator TONGGU LIKE Last First Middle						Owner (Same as operator) Last First Middle						12									
Address 727 CENTRE ST						Address						1									
City NEWTON State MA Zip 02458						City State Zip															
Insurance Company NORFOLK DEDHAM MUTUAL						Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: N X 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 99 24 24						5 11 Totalled									
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N						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						---															
CHEN, ZAILI 727 CENTRE ST NEWTON, MA 02458						--- F 3 1 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped									
License # --- St MA DOB/Age ---						Reg # 425ZH7 Reg Type PAN Reg State MA															
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20															
Operator BRITO JAZMIN Last First Middle						Owner GARCIA EVELYN Last First Middle															
Address 340 CABOT ST						Address 340 (apt. 2) CABOT ST															
City NEWTON State MA Zip 02460						City NEWTON State MA Zip 02465															
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 ③						4									
Citation # (If Issued)						Most Harmful Event 1 23						10 Undercarriage									
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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						---															

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

727 Centre St

Calbot St

Centre St

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:**

MV1 stated he "had his directional on" and was attempting to "turn left" into his driveway when MV2 "sped around and hit me" causing minor damage.

MV2 stated that she observed MV1 with "its hazards on" and when I "went around him and he drove into me" subsequently causing minor damage.

**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