

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/29/2019		Time of Crash 14:53 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 3	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:						9	
SOUTH CHESTNUT ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								10	
EAST PINE RIDGE RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								2	
3				Vehicle 1 2 #Occupants Hit/Run Moped Case Number 190000327									
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator OH JUKYUNG Address 34 CURVE ST City NEWTON State MA Zip 02465 Insurance Company GOVT EMPLOYEE				Reg # 6ZS131 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 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								13	
Operator See Above				99 4 4 0 0 4 1								1	
JUNG, YOON 708 BOYLSTON ST NEWTON, MA 02461				F 3 99 4 4 0 0 4 1									
7				Please Select One of the Following: Vehicle 2 2 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped									
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator YUN BRIAN Address 223 GATEHOUSE DR City MEDFIELD State MA Zip 02052 Insurance Company GEICO GENERAL				Reg # 3CS455 Reg Type PAN Reg State MA Veh Year 2018 Veh Make GMC Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 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				99 4 4 0 0 9 1									
YUN, BENNY 31 HASTINGS ST (apt A) FRAMINGHAM, MA 01701				M 3 99 4 4 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:

The operator of MV#1 stated she was stationary on Chestnut St (Southbound) at the intersection of Pine Ridge Rd when she was struck from behind by MV#2. MV#1 sustained minor damages to its rear end. There were no reported injuries to the operator MV#1 or its passenger. Both operator and passenger initially stated they were not injured but later stated they might have unknown injuries. Both parties refused medical attention and will arrange to see their personal doctors at a later time.

The operator of MV#2 stated he was stationary directly behind MV#1 when he was struck from behind by MV#3 which in turn pushed MV#2 forward striking MV#1. MV#2 sustained moderate damages to its rear end and front end. There were no reported injuries to the operator of MV#2 or its passenger. The operator of MV#2 initially stated he was not injured but later stated he might have injuries. He refused medical attention and will

(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

