

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/12/2019		Time of Crash 14:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 680 WALNUT ST 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 _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000369						3	
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator PHUNG DUNG QUANG Address 62 RANGLEY RD City NEWTON State MA Zip 02465 Insurance Company GOVT EMPLOYEE INS				Reg # 61PC78 Reg Type PAS Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed Y 6								12	
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____ Citation # (If Issued) T1268379 Violation 1: Ch 003 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												1	
Please fill out for operator and all occupants involved												13	
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 ----- 1 4 99 0 0 10 1								1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												7	
License # _____ St NY DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CORETTO ELIZABETH Address 1 CAMBRIDGE COURT City LARCHMONT State NY Zip 10538 Insurance Company TRAVELERS				Reg # GAU4617 Reg Type PAS Reg State NY Veh Year 2012 Veh Make HONDA Veh Config. 1 20 Owner CORETTO ANTHONY Address 1333 WITTENBERG ROAD City MOUNT TREMPER State NY Zip 12457 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y 6								8	
Please fill out for operator and all occupants involved												13	
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 ----- 1 4 99 0 0 10 1								1	
FIGUERADO, MEAGEN 382 MAIN STREET ACUSHNET 02743				F 6 1 4 99 0 0 10 1									
SCHUMAN, AMANDA 20 LANTERN WAY ASHLAND, MA 01721				F 3 1 4 99 0 0 10 1									

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/12/2019	Time of Crash 14:59 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			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				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000369		
License # --- St MA DOB/Age ---			Reg # 314ZG7 Reg Type PAS Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013 Veh Make DODGE Veh Config. 1 20		
Operator JOHNSON LAURA E			Owner JOHNSON ELIZABETH			Address 33 WASHINGTON ST			Address 33 WASHINGTON STREET		
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02458			Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: [X] S [] E [] W 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			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			Operator/Non-Motorist See Above		
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 DOB/Age ---			Reg # Reg Type Reg State			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year Veh Make Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? _____			Event Sequence 22 22 22 22 2			Citation # (If Issued) _____			Most Harmful Event 23		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed		
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			Operator/Non-Motorist See Above		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

680 WALNUT STREET

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 MV 1 STATED HE WAS TRAVELING NORTHBOUND ON WALNUT ST AND WASN'T PAYING ATTENTION. HE STRUCK MV 2 FROM BEHIND WHO WAS STOPPED IN TRAFFIC IN FRONT OF HIM. DUE TO THE IMPACT OF THE CRASH, MV 2 REAR ENDED MV 3. THERE WERE NO INJURIES REPORTED (5 PATIENT REFUSALS SIGNED) AND MODERATE DAMAGE SUSTAINED TO ALL THREE VEHICLES, FRONT END DAMAGE TO M/V 2. MV'S 1 AND 2 WERE TOWED FROM THE SCENE BY TODYS TOWING TO THEIR LOT IN WEST NEWTON SQUARE AFTER ALL VALUABLES WERE SECURED FROM THE VEHICLES. OPERATOR OF MV 1 WAS CITED MASS UNIFORM CITATION T1268379 FOR C.O. 19/75 FAILURE TO USE CARE.

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

MATTHEW W COLELLA **NEWTON POLICE DEPT** **04/12/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00