

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/12/2019		Time of Crash 22:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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	
WEST WASHINGTON ST 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								10	
NORTH CENTRE ST 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								4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000371						3	
License # --- St CT DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL T Endorsment Operator LOPES AMARILDO Address 27 EDIN AVE City WATERBURY State CT Zip 06706 Insurance Company ACE AMERICAN INS				Reg # 64762A Reg Type TT Reg State CT Veh Year 2019 Veh Make VOLV Veh Config. 10 20 Owner RYDER TRUCK Address 99 MURPHY RD City HARTFORD State CT Zip 06114 Vehicle Action Prior to Crash 1 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 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator See Above --- 99 4 99 0 0 10 1 N/A								13	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												4	
License # --- St PA DOB/Age --- Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____ Operator HUYNH HUNG Address 559 S BROAD ST City SOUDERTON State PA Zip 18964 Insurance Company NATIONWIDE INS Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) T1268551 Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # KTE7169 Reg Type PAN Reg State PA Veh Year 2019 Veh Make TOYT Veh Config. 1 20 Owner TEAM TOYOTA OF C Address 1050 BALTIMORE PIKE City GLEN MILLS State PA Zip 19342 Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 3 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								8	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator/Non-Motorist See Above --- 99 4 99 0 0 10 1 N/A TRINH, QUE, T 2224 S 21ST ST PHILADELPHIA, PA 19145 --- F 3 99 4 99 0 0 10 1 N/A									

→ Direction

ie: → 1 → 2 →

1 = Vehicle 1 2 = Vehicle 2

⊙ Pedestrian

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:

On Friday 4/12/2019 at approx 2226hrs, while assigned N-494, I responded to the intersection of Washington St and Centre St (public way) for a 2 vehicle MVA. Upon arrival all parties stated they were uninjured. Operator of MV1 stated that he was in the Left Turn Only lane onto Washington St. He immediately stopped when he noticed a car to his left collide with his trailer.

Operator of MV2 states that he was also in the Left Turn Only lane onto Washington St. and that MV1 came over from Left Turn/Straight lane on his right.

Given that both operators stated that their vehicles had not been moved from where the collision occurred it is evident that MV2 was in the Left Turn Only lane onto I-90 and attempted to change lanes.

It should be noted that the crash diagram is accurate to what I observed on scene.

(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 # 64762A (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 #: 3026552 Reg Type TL Reg State MAINE Reg Year 2020 Trailer Length 97 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

 Pedestrian

♀

[illegible]

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

No damage visible to MV1. MV2 had passenger side paint damage.

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

Registration # _____ (From Vehicle Section)

35

Zip

36

5

39

40

41

Material 4 digit #

4.

04/12/2019

Date _____