

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/19/2019		Time of Crash 08:00 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		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 2330 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ ARTISON CHILD CARE CENTER Landmark _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000392			3	
License # _____ St MA DOB/Age _____				Reg # 1NG187 Reg Type PAN Reg State MA									12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make ACURA Veh Config. 1 20									1	
Operator ABBLETT MITCHELL Last First Middle				Owner (Same as operator) Last First Middle									1	
Address 61 DEDHAM ST				Address _____										
City NEWTON State MA Zip 02464				City _____ State _____ Zip _____										
Insurance Company NORFOLK DEDHAM MUTUAL				Vehicle Action Prior to Crash 6 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 2 3 4										
Citation # (If Issued) _____				Most Harmful Event 1 23										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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														
7				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		1
				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
License # _____ St NY DOB/Age _____				Reg # A 11 Reg Type PAN Reg State NY										
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20										
Operator MERLEY CLINT Last First Middle				Owner HONDA LEASE TRU! Last First Middle										
Address 401 ANTLEERS DR				Address 600 KELLY WAY										
City ROCHESTER State NY Zip 14618				City HOLYOKE State MA Zip 01040										
Insurance Company AMICA				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4										
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 Y										
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														

## Commonwealth of Massachusetts

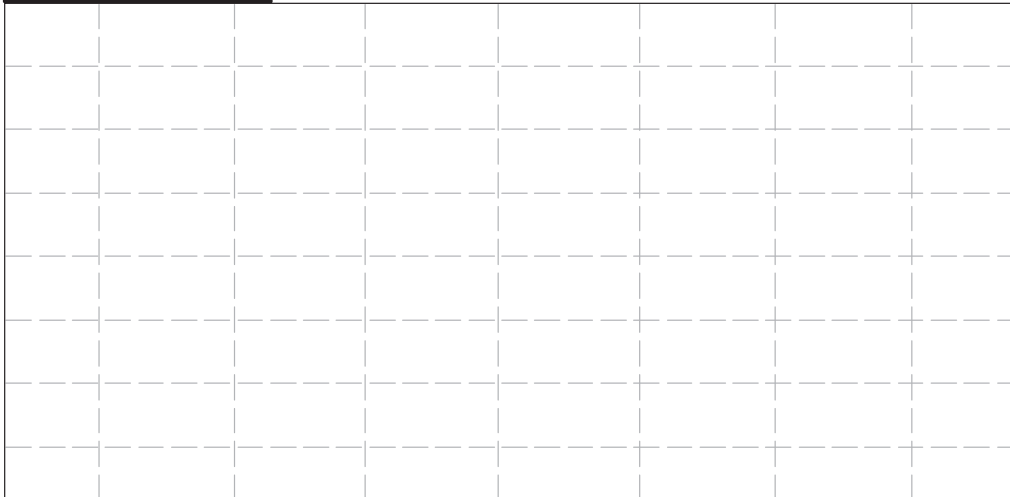
Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street _____							
Route# Direction Name of Intersecting Roadway/Street			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000392	
License # --- St MA DOB/Age ---			Reg # 2SM712 Reg Type PAN Reg State MA			Veh Year 2008 Veh Make VW Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator YANG JINGYI			Owner (Same as operator)				
Address 20 WATERTOWN ST (apt. 134)			City WATERTOWN State MA Zip 02472			Insurance Company GOVT EMPLOYEES				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)				
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			Vehicle Action Prior to Crash 2 21				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						10 Undercarriage 5 11 Totaled				
Please fill out for operator and all occupants involved			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 9 1				
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 ---			Veh Year --- Veh Make --- Veh Config. 20				
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Operator ---			Owner ---				
Address ---			City --- State --- Zip ---			Insurance Company ---				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)				
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed ---			Vehicle Action Prior to Crash 21				
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Operator/Non-Motorist			See Above			1 4 99 0 0 9 1				



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

W/B ON WASHINGTON ST WAITING TO TURN INTO THE DAY CARE CENTER.

OPERATOR #3 STATED SHE WAS STOPPED W/B ON WASHINGTON ST WAITING TO MAKE LEFT TURN INTO HER WORK PLACE,

ARTISON CHILD DAY CARE, #2330 WASHINGTON ST WHEN VEHICLE #2 CRASHED INTO HER VEHICLE AFTER FIRST BEING HIT BY VEHICLE #1.

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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

THOMAS J MCCARTHY

NEWTON POLICE DEPT

04/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date