

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|--|--------------------------------|---------------------|---|---------------------|--|---|-------------------------------------|--|-------------------------------------|--|--|
| Date of Crash 05/05/2019 | Time of Crash 21:05 24HR | City/Town NEWTON | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 Latitude _____ Longitude _____ | State Police Local Police MBTA Police Other: | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| WEST BEACON 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 | | | | | | | | |
| NORTH WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 190000456 | | |
| License # --- St MA DOB/Age --- | | | Reg # IC38KX Reg Type PAS Reg State MA | | | Veh Year 2019 Veh Make ACURA Veh Config. 2 | | | 20 | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ | | | Veh Year 2019 Veh Make ACURA Veh Config. 2 | | | Owner (Same as operator) | | | 12 | | |
| Operator CHIN FRANCIS Last First Middle | | | Address 39 GORDON RD | | | City NEWTON State MA Zip 02468 | | | 1 | | |
| Insurance Company SAFETY | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | | | 10 Undercarriage 5 11 Totaled | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? _____ | | | Event Sequence 1 22 22 22 22 | | | Most Harmful Event 1 23 | | | Driver Contributing Code 1 24 24 | | |
| Citation # (If Issued) _____ | | | Underride/Override 25 Towed Y | | | Vehicle Diagram | | | 13 | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Please fill out for operator and all occupants involved | | | Operator | | | See Above | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | 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 | | |
| 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 # 33HL85 Reg Type PAN Reg State MA | | | Veh Year 2000 Veh Make MERCEDES Veh Config. 1 | | | 20 | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ | | | Veh Year 2000 Veh Make MERCEDES Veh Config. 1 | | | Owner DILORETO LAWRENCE Last First Middle | | | 1 | | |
| Operator DILORETO WILLIAM Last First Middle | | | Address 231 DORSET RD. | | | City NEWTON State MA Zip 02460 | | | 1 | | |
| Insurance Company SAFETY | | | Vehicle Action Prior to Crash 4 21 | | | Damaged Area Code: (Circle Up to Three) | | | 10 Undercarriage 5 11 Totaled | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? _____ | | | Event Sequence 1 22 22 22 22 | | | Most Harmful Event 1 23 | | | Driver Contributing Code 19 24 24 | | |
| Citation # (If Issued) _____ | | | Underride/Override 25 Towed Y | | | Vehicle Diagram | | | 13 | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Please fill out for operator and all occupants involved | | | Operator/Non-Motorist | | | See Above | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | 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:

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 was travelling WB on Beacon St when MV2 cut across his lane of travel causing him to strike the passenger side of MV2. MV2 was attempting to turn NB onto Walnut St from Beacon when he was struck by MV1. Operator 2 states he believed he had enough time to make it across the intersection and believes MV1 was speeding. Operator 1 states he was operating at the speed limit (30MPH) and MV2 cut in front of him. Both parties had the green light at the intersection. No injuries reported by any party. Parent of operator 2 signed a patient refusal based upon the operators age. Both vehicles were towed due to air bag deployment. MV1 sustained minor damage to the front end. MV2 sustained moderate damage to the passenger side.

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

TIMOTHY WALTON **NEWTON POLICE DEPT** **05/05/2019**

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

CDP1 11 -24:00