

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/11/2019	Time of Crash 14:56 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 30 Latitude Longitude	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
BRUSH HILL RD										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Exit Number							
NORTH DEDHAM ST			Feet N S E W of							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000480	
License # --- St MA DOB/Age ---			Reg # 28JW43 Reg Type PAS Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL ---			Veh Year 2005 Veh Make TOYOTA Veh Config. 1 20							
Operator CROWLEY THOMAS H			Owner CROWLEY XIAONING W							
Address 888 BEACON ST			Address 888 BEACON ST							
City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02459							
Insurance Company COMMERCE INS.			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? ---			Event Sequence 1 22 22 22 22 2			3 4				
Citation # (If Issued) ---			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Driver Contributing Code 1 24 24			5 11 Totaled				
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Underride/Override 25 Towed Y			6				
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			-----			1 1 99 0 0 9 1				
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 # 3HXB70 Reg Type PAS Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL ---			Veh Year 2015 Veh Make AUDI Veh Config. 1 20							
Operator CHEN KENNY HL			Owner CHEN ANDY							
Address 83 AVON ST			Address 83 AVON ST							
City MALDEN State MA Zip 02148			City MALDEN State MA Zip 02148							
Insurance Company PLYMOUTH ROCK ASSURANCE			Vehicle Action Prior to Crash 1 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			3 4				
Citation # (If Issued) T144233			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch 89/4A Sec --- Violation 2: Ch --- Sec ---			Driver Contributing Code 8 24 24			5 11 Totaled				
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Underride/Override 25 Towed Y			6				
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			-----			1 3 99 0 0 10 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:

On 05/11/19 at approximately 14:56 I responded to a two car m.v. crash at the intersection of Dedham St and Brush Hill Rd. The operator of veh #1 stated he was traveling South bound on Dedham St when veh #2 crossed into his lane and struck the front of his car. The operator of veh #1 had right wrist pain but was checked out by the medics and signed a patient refusal. Heavy damage to veh #1 with the drivers side air bag deployed.

The operator of veh #2 stated he was driving due North on Dedham St when the next thing he knew he collided with veh #1. The operator of veh #2 was traveling straight ahead when the crash happened. Heavy damage to veh #2 with front and side air bags deployed. The operator of veh #2 signed a patient refusal from Medics was cited in hand Mass #T1444233 for Ch 89/ SEC 4A- Marked Lanes Violation. Both vehicles were towed by Tody's

(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

ZACHARY S RAYMOND **NEWTON POLICE DEPT** **05/11/2019**

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

CDP1 11 -24:00

[illegible]

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

ZACHARY S RAYMOND			NEWTON POLICE DEPARTM		05/11/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					