

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/07/2019	Time of Crash 17:21 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:					
<div><div>EAST</div><div>BEACON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>CRESCENT AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000591			
License # --- St MA DOB/Age -- -- --			Reg # 1BWA84		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make HONDA		Veh Config. 2 20			
Operator VAHEDI MINA E			Owner (Same as operator)							
Address 35 HIGHLAND AVE (apt. 4)			Address							
City NEWTON State MA Zip 02460			City		State		Zip			
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 2 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				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex			
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 # 64PS60		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011		Veh Make HONDA		Veh Config. 2 20			
Operator YAN RIVER			Owner YAN ZHENG							
Address 55 TRUMAN ROAD			Address 55 TRUMAN RD							
City NEWTON State MA Zip 02459			City NEWTON		State MA		Zip 02459			
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Event Sequence 1 22 1 22 22 22				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex			
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:

Motor vehicle 1 (MV1) was traveling eastbound on Beacon St. when it came to a stop in traffic at the intersection of Beacon St. and Crescent Ave. Motor vehicle 2 (MV2) was also traveling eastbound on Beacon St. and came to a stop behind MV1. Motor vehicle 3 (MV3) was also traveling eastbound on Beacon St., but failed to stop in time and crashed into the rear end of MV2, which then crashed into the rear end of MV1. As a result of the crash MV1 sustained moderate rear end damage, MV2 sustained moderate front and rear end damage, and MV3 sustained significant front end damage. The Cataldo medics responded and all parties on scene signed patient refusals.

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