

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 06/22/2019	Time of Crash 13:33 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 1349 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2 10	
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 _____			_____ Feet N S E W of _____ Landmark _____								7	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000641			
License # _____ St MA DOB/Age _____			Reg # 89PB20 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2012 Veh Make AUDI Veh Config. 1 20		12	
Operator GUYER CHRISTOPHER J Last First Middle			Owner (Same as operator) Last First Middle			City NEWTON State MA Zip 02466			City _____ State _____ Zip _____		1	
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 10 21			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Diagram: 10 Undercarriage 5 11 Totaled			
Please fill out for operator and all occupants involved											13	
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # 4MR692 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2017 Veh Make SUBA Veh Config. 2 20			
Operator OH YOUNG JUN Last First Middle			Owner CHASE BANK JP MORGAN Last First Middle			City BOSTON State MA Zip 02130			City FT WORTH State TX Zip 76101			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 10 21			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Most Harmful Event 1 23			Driver Contributing Code 99 24 24			Underride/Override 25 Towed Y			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Diagram: 10 Undercarriage 5 11 Totaled			
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator/Non-Motorist			See Above			-----			---			27
OH, SUNG HYE, KIM			36 S.HUNTINGTON (apt 7) BOSTON, MA 02130			---			F			28
OH, YOUNG, HOON			36 S.HUNTINGTON (apt 7) BOSTON, MA 02130			---			M			29

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ○ Pedestrian  
 ie: → 1    → 2    →

### Crash Diagram:

<p>#1349 Washington Street</p>	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;"> </div>
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### Crash Narrative:

The operator of MV#1 stated that he had backed out of his parking spot at the rear of #1349 Washington St and about to drive forward when crash occurred with MV#2.

The operator of MV#2 stated that he was also backing out of a parking spot at the rear of #1349 Washington St directly across from MV#1 when crash occurred with MV#1.

No injuries, no tows.

### 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 <span style="border: 1px solid black; padding: 2px;">35</span>
Address _____	City _____ St _____ Zip _____
US DOT #: _____	State Number _____ Issuing State _____ ICC #: _____ Interstate <span style="border: 1px solid black; padding: 2px;">36</span>
Cargo Body Type Code <span style="border: 1px solid black; padding: 2px;">37</span>	Gross Vehicle Weight <span style="border: 1px solid black; padding: 2px;">38</span>
Trailer Reg #: _____	Reg Type _____ Reg State _____ Reg Year _____ Trailer Length <span style="border: 1px solid black; padding: 2px;">39</span>
Hazmat Information:	
Placard <span style="border: 1px solid black; padding: 2px;">40</span>	Material 1 digit # <span style="border: 1px solid black; padding: 2px;">41</span> Material Name _____ Material 4 digit # _____ Release code <span style="border: 1px solid black; padding: 2px;">42</span>