

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/20/2019	Time of Crash 16:52 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
JACKSON RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ WASHINGTON ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000747		
License # _____ St MA DOB/Age _____ Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Operator ZHANG FANG Address 30 FENWICK RD City NEWTON State MA Zip 02468 Insurance Company SAFETY INSURANCE			Reg # 866MF0 Reg Type PAN Reg State MA Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 11 Totaled Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved			13								
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 10 1								
ZHANG, KEATON 30 FENWICK ROAD WABAN, MA 02468 --- M 6 4 4 99 0 0 9 2 NEWTON-WELLESLEY											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 _____ Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Operator SIEGEL DAVID Address 75 GLENDOWER RD City ROSLINDALE State MA Zip 02131 Insurance Company OLD REPUBLIC INSURANCE			Reg # AMB1406 Reg Type AMN Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 2 20 Owner CATALDO AMBULA Address BX345 City SOMERVILLE State MA Zip 02143 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 20 24 24 5 11 Totaled Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved			13								
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/Non-Motorist See Above --- --- 1 4 99 0 0 10 1								
MCNEIL, JOHN 63 WORSTER DR MARLBOROUGH, MA 01752 --- M 3 1 4 99 0 0 10 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON ST

JACKSON ROAD

NOT TO SCALE

Unit 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:

Operator of MV1 (Ma reg 866MF0) stated he was traveling EB on Washington St when his vehicle was struck in the rear. Operator of MV1 stated he was stopped at the red light at the intersection of Jackson Rd.

Operator of MV2 (AMB1406) stated he was traveling EB on Washington St when he struck the rear of MV1.

Operator of MV2 stated he observed a vehicle coming down from Lewis Terrace and was concerned they were not gonna stop at the intersection. This distraction caused MV2 to strike MV1 at a slow rate of speed.

Both vehicles sustained minor damage and did not require a tow. The passenger and driver of MV1 were observed by the medics. The passenger was transported in the ambulance for undisclosed minor injury. The driver refused to sign the medical release.

5 Photos were taken of both vehicles showing the damage. I put the memory card in an envelope and left it

(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

[illegible]

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

MARK D HAGOPIAN			NEWTON POLICE DEPARTM		07/20/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					