

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/23/2019	Time of Crash 21:24 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 2	Speed Limit <u>25</u> 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>				
<b>QUINOBEQUIN RD</b>											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				
At											
EAST WASHINGTON ST											
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ or _____				Mile Marker Exit Number				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# Intersecting Roadway/Street				
							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000867		
License # --- St MA DOB/Age ---			Reg # E9488 Reg Type PAR Reg State MA			Veh Year 2004 Veh Make LEXUS Veh Config. 1 20					
Sex F Lic. Class C 18 18 Lic. Restrictions K 19 CDL _____			Veh Year 2004 Veh Make LEXUS Veh Config. 1 20			Owner (Same as operator)					
Operator TABER LINDA S			Address _____			City _____ State _____ Zip _____					
Address 1600 WASHINGTON ST (apt. 204)			City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Underride/Override 25 Towed Y			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
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			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 # 103XHD Reg Type PAN Reg State MA			Veh Year 1990 Veh Make MAZDA Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____			Veh Year 1990 Veh Make MAZDA Veh Config. 1 20			Owner FULLUM-MARTINEZ KIMBERLY A					
Operator MARTINEZ VLADIMIRO B			Address 167 WOODLAND RD			City NEWTON State MA Zip 02466					
Address 167 WOODLAND RD			City NEWTON State MA Zip 02466			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Underride/Override 25 Towed Y			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23		
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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			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:**

The OP. of MV#1 states she was travelling eastbound on Washington Street. There was a steady green traffic light for her as she proceeded through the intersection of Quinobequin Rd. That's when MV#2 suddenly turned in front of her causing a collision.

The OP. of MV#2 states he was on the westbound lane of Washington Street and wanted to make a left turn towards Wales Street. He had a green traffic light and didn't see any oncoming traffic and proceeded to turn left. That's when he collided with MV#1. The OP. of MV#2 is not sure if he had just a green light or had a green left turn arrow as well.

**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

RAYMOND H CHIEU

NEWTON POLICE DEPART

08/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date