

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/22/2019	Time of Crash 11:53 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 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:				
Route# Direction Name of Roadway/Street At			NORTH 1247 CENTER STREET Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000967		
License # --- St MA DOB/Age ---			Reg # 6PW699 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make AUDI Veh Config. 1 20		
Operator HONG SONGDAE			Owner (Same as operator)			Address _____			Address _____		
City NEWTON HIGHLANDS State MA Zip 02461			City _____ State _____ Zip _____			Insurance Company STANDARD FIRE			Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Citation # (If Issued) T2015553			Most Harmful Event 1 23		
Violation 1: Ch 003 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 24 24			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		
Please fill out for operator and all occupants involved											
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			---			---		
HONG, OLIVIA 72 CANTERBURY LANE NEWTON, MA 02461			---			F 3 1 4 4 0 0 10 1					
HONG, LEAH 72 CANTERBURY ROAD NEWTON 02461			---			F 6 1 4 4 0 0 10 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 # 6CG958 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make SUBA Veh Config. 1 20		
Operator HARTEN LAUREN MICHELLE			Owner SCHMAIER ALEC ANDREW			Address _____			Address _____		
City NEWTON State MA Zip 02461			City NEWTON State MA Zip 02461			Insurance Company ARBELLA INS			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Citation # (If Issued) _____			Most Harmful Event 1 23		
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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 4 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

MV#1 was entering Center Street from a parking stall when he was struck by MV#2.

-OpMV#1 stated he was entering Center Street from a parking stall when he was struck by MV#2. He stated he observed a far distance buffer between him and MV #2. MV#1 was occupied by two passengers.

-OpMV#2 stated she was traveling north on Center Street. She stated she observed a MV#1 entering the roadway. She stated MV#1 pulled out suddenly in front of MV #2. She collided with MV#1.

- I observe the damage to both vehicles. I observed the heavy damage and deep gouge to the driver's side door of MV#1. The gouge had cut open the outer panel of the door revealing the mechanical components inside the door. OpMV#1 stated he could not open the door, but the vehicle was drivable. I next conducted an inspection of the exterior damage of MV#2. I observed that the plastic bumper was separated from the frame and several

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

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on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

cracks and breaks on the bumper. I further observed damage to the wheel well panel. OpMV#2 stated the vehicle was drivable.

-There were no injuries reported at the scene and all parties declined medical assistance. Neither vehicle was towed from the scene. OpMV#1 was cited (T2015553) for Failure to Use Care Entering the Roadway.

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US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

DAVID A. CALDERON

NEWTON POLICE DEPART

09/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date