

## Commonwealth of Massachusetts

| Police Use Only   |                                |                     | Commonwealth of Massachusetts   |  |                             |   | RMV Document Number  |   |  |   |  |
|---|--------------------------------|---------------------|---|--|-----------------------------|---|--|---|--|---|--|
| Date of Crash<br>09/22/2019   | Time of Crash<br>14:41<br>24HR | City/Town<br>NEWTON | <b>Motor Vehicle Crash<br/>Police Report</b>  |  | Number<br>Vehicles<br>2     | Number<br>Injured<br>0                                  | Speed Limit <u>30</u><br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: _____ |  |   |  |
| <b>AT INTERSECTION:</b>   |                                |                     | < <b>LOCATION</b> >   |  | <b>NOT AT INTERSECTION:</b> |   |  |   |  |   |  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____   |                                |                     | WEST 2366 WASHINGTON ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Route# _____ Intersecting Roadway/Street _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Landmark _____ |  |                             |   |  |   |  |   |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____   |                                |                     |   |  |                             |   |  |   |  |   |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  |                                |                     |   |  |                             |   |  |   |  |   |  |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants   |                                |                     | <input type="checkbox"/> Hit/Run  |  |                             | <input type="checkbox"/> Moped                          |  |   | Case Number 190000969  |   |  |
| License # _____ St MA DOB/Age _____   |                                |                     | Reg # 655-XF4   |  |                             | Reg Type PAN  |  |   | Reg State MA   |   |  |
| Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____                 |                                |                     | Veh Year 2012   |  |                             | Veh Make MINI   |  |   | Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20 |   |  |
| Operator KWAN APRIL   |                                |                     | Owner KWAN SANG   |  |                             |   |  |   |  |   |  |
| Address 193 BOSTON POST RD  |                                |                     | Address 193 BOSTON POST RD  |  |                             |   |  |   |  |   |  |
| City WESTON State MA Zip 02493  |                                |                     | City WESTON State MA Zip 02493  |  |                             |   |  |   |  |   |  |
| Insurance Company SAFECO  |                                |                     | Vehicle Action Prior to Crash <input type="checkbox"/> 4 <input type="checkbox"/> 21  |  |                             | Damaged Area Code: (Circle Up to Three)                 |  |   |  |   |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N |                                |                     | Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22   |  |                             | 2 <input type="checkbox"/> 8 <input type="checkbox"/> 4 |  |   | 10 Undercarriage   |   |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23   |  |                             | 1 <input type="checkbox"/> 9 <input type="checkbox"/> 1 |  |   | 5 11 Totaled   |   |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |                                |                     | Driver Contributing Code <input type="checkbox"/> 4 <input type="checkbox"/> 24 <input type="checkbox"/> 24   |  |                             | 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 |  |   |  |   |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     | Underride/Override <input type="checkbox"/> 25 Towed N  |  |                             |   |  |   |  |   |  |
| Please fill out for operator and all occupants involved   |                                |                     |   |  |                             |   |  |   |  | 13  |  |
| Name (Last First Middle)  |                                |                     | Address   |  |                             | Age/DOB   |  | Sex   |  | 26 Seat Pos.  |  |
| Operator  |                                |                     | See Above   |  |                             | -----   |  | ---   |  | 27 Safety System  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 28 Airbag Status  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 29 Airbag Switch  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 30 Eject Code   |  |
|   |                                |                     |   |  |                             |   |  |   |  | 31 Trap Code  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 32 Injury Status  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 33 Transp. Code   |  |
|   |                                |                     |   |  |                             |   |  |   |  | Medical Facility  |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants   |                                |                     |   |  |                             |   |  |   |  | 14  |  |
| <input type="checkbox"/> Non-Motorist A Type  |                                |                     |   |  |                             |   |  |   |  | 15  |  |
| Action  |                                |                     |   |  |                             |   |  |   |  | 16  |  |
| Location  |                                |                     |   |  |                             |   |  |   |  | 17  |  |
| Condition   |                                |                     |   |  |                             |   |  |   |  | 18  |  |
| <input type="checkbox"/> Hit/Run  |                                |                     |   |  |                             |   |  |   |  | 19  |  |
| <input type="checkbox"/> Moped  |                                |                     |   |  |                             |   |  |   |  | 20  |  |
| License # _____ St MA DOB/Age _____   |                                |                     |   |  |                             |   |  |   |  | Reg # 2SYK31  |  |
| Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____                 |                                |                     |   |  |                             |   |  |   |  | Reg Type PAN  |  |
| Operator SCORDAMALGIA ANDREW J  |                                |                     |   |  |                             |   |  |   |  | Reg State MA  |  |
| Address 32 EVERETT ST (apt. C)  |                                |                     |   |  |                             |   |  |   |  | Veh Year 2019   |  |
| City WOBURN State MA Zip 01801  |                                |                     |   |  |                             |   |  |   |  | Veh Make SUBARU   |  |
| Insurance Company STANDARD FIRE   |                                |                     |   |  |                             |   |  |   |  | Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20  |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N |                                |                     |   |  |                             |   |  |   |  | Owner (Same as operator)  |  |
| Citation # (If Issued) _____  |                                |                     |   |  |                             |   |  |   |  | Address _____   |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |                                |                     |   |  |                             |   |  |   |  | City _____ State _____ Zip _____  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     |   |  |                             |   |  |   |  | Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21  |  |
| Underride/Override <input type="checkbox"/> 25 Towed N  |                                |                     |   |  |                             |   |  |   |  | Damaged Area Code: (Circle Up to Three)   |  |
|   |                                |                     |   |  |                             |   |  |   |  | Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 |  |
|   |                                |                     |   |  |                             |   |  |   |  | Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23   |  |
|   |                                |                     |   |  |                             |   |  |   |  | Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24   |  |
|   |                                |                     |   |  |                             |   |  |   |  | 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6   |  |
| Please fill out for operator and all occupants involved   |                                |                     |   |  |                             |   |  |   |  | 13  |  |
| Name (Last First Middle)  |                                |                     | Address   |  |                             | Age/DOB   |  | Sex   |  | 26 Seat Pos.  |  |
| Operator/Non-Motorist   |                                |                     | See Above   |  |                             | -----   |  | ---   |  | 27 Safety System  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 28 Airbag Status  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 29 Airbag Switch  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 30 Eject Code   |  |
|   |                                |                     |   |  |                             |   |  |   |  | 31 Trap Code  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 32 Injury Status  |  |
|   |                                |                     |   |  |                             |   |  |   |  | 33 Transp. Code   |  |
|   |                                |                     |   |  |                             |   |  |   |  | Medical Facility  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington ST  
Concord ST  
#2366 Wash ST Lower Falls Wine  
Unit 1  
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#1 stated she was going W/B on Washington St when she attempted to make a left turn into #2366 Washington St,, Lower Falls Wine parking lot but was struck by vehicle #2.

Operator #2 stated he was going E/B on Washington St just passing Concord St intersection when vehicle #1 turned left in front of him causing the crash.

**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

THOMAS J MCCARTHY

NEWTON POLICE DEPT

09/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date