

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/16/2019	Time of Crash 14:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25 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:					
<div><div>SOUTH</div><div>CHERRY ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WEBSTER ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001051			
License # --- St MA DOB/Age ---			Reg # 519PW3		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012		Veh Make TOYOTA		Veh Config. 1 20			
Operator CHENG MING			Owner HUANG GUAN							
Address 23A OLD LANDING WAY			Address 23 (apt. A) OLD LANDING WAY							
City CHARLESTOWN State MA Zip 02129			City CHARLESTOWN		State MA		Zip 02129			
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 23 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 24 24		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y					
Violation 3: Ch _____ Sec _____ Violation 4: 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			-----		1 1 1 0 0 8 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 # 1BYL34		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018		Veh Make HONDA		Veh Config. 1 20			
Operator HART SANDRA			Owner (Same as operator)							
Address 155 WHITNEY ST			Address _____							
City NORTHBOROUGH State MA Zip 01532			City _____		State _____		Zip _____			
Insurance Company ARBELLA			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) T2079681			Most Harmful Event 1 23		1 24 24		5 11 Totaled			
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		Underride/Override 25 Towed Y					
Violation 3: Ch _____ Sec _____ Violation 4: 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/Non-Motorist See Above			-----		1 3 1 0 0 10 1					

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash		Time of Crash 24HR		City/Town		Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit Latitude Longitude		State Police Local Police MBTA Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10
						Feet N S E W of or Mile Marker Exit Number							
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							11
2	Route# Direction Name of Intersecting Roadway/Street					Landmark							
3	<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
	License # St DOB/Age					Reg # Reg Type Reg State							
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Veh Year Veh Make Veh Config. 20							
4	Operator Last First Middle					Owner Last First Middle					12		
	Address					Address							
	City State Zip					City State Zip							
	Insurance Company					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
5	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 22 2 Most Harmful Event 23					10 Undercarriage 11 Totaled		
	Citation # (If Issued)					Driver Contributing Code 24 24							
6	Violation 1: Ch Sec Violation 2: Ch Sec					Underride/Override 25 Towed							
	Violation 3: Ch Sec Violation 4: Ch Sec												
	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												
7	Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 15 97 Location 16 99 Condition 17 1 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
	License # St DOB/Age					Reg # Reg Type Reg State							
	Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Veh Year Veh Make Veh Config. 20							
8	Operator CAMERON DENNIS Last First Middle					Owner Last First Middle							
	Address 432 CHERRY ST					Address							
	City NEWTON State MA Zip 02465					City State Zip							
	Insurance Company					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 22 2 Most Harmful Event 23					10 Undercarriage 11 Totaled		
	Citation # (If Issued)					Driver Contributing Code 24 24							
	Violation 1: Ch Sec Violation 2: Ch Sec					Underride/Override 25 Towed							
	Violation 3: Ch Sec Violation 4: Ch Sec												
	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/Non-Motorist See Above										10 1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

432 CHERRY ST

Unit 1

Unit 2

Unit 1

Unit 2

P.O.I.

WEBSTER ST

CHERRY ST

NOT TO SCALE

N

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:

On 10/16/2019 at 1434hrs, I responded to Cherry St at Webster St for a two vehicle accident. The operator of MV1 (MA Reg: 519PW3) stated that she was travelling eastbound on Webster St and was proceeding through the intersection of Cherry St when the accident occurred. MV1 stated that she had the green light while going through the intersection.

The operator of MV2 (MA Reg: 1BYL34) stated that she was on Cherry St travelling southbound and had a green light at the Webster St intersection. MV2 stated that she believed she had a green light and the accident occurred when she entered the intersection.

MV1 sustained heavy front end damage. MV2 sustained passenger side damage. Both vehicles were towed by Today's. The operator of MV1 was transported to NWH for further evaluation.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
ARNO, ROBERT,	20 (apt 135) WATERTOWN ST WATERTOWN,MA 02472	-----	Y
CARDARELLI, NICOLE,	,	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS 0	617-796-1000	4	TRAFFIC LIGHT POLE

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

ANDREW SCOTT VELLO

NEWTON POLICE DEPART

10/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

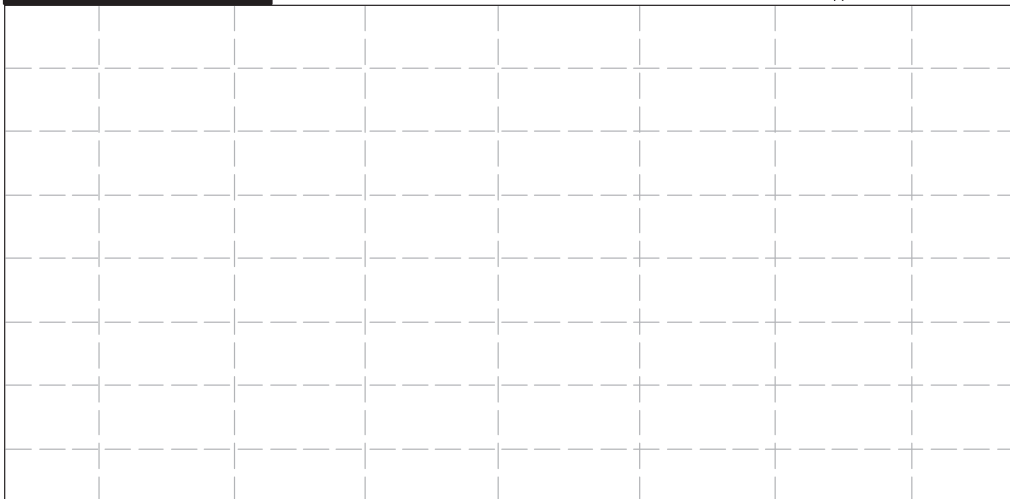
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

After the initial collision MV1 was directed into the traffic light and bushes at the southeast corner of the intersection. Pictures were taken of the damage by Ofc. Ferguson. MV2 was issued Mass Uniform Citation T2079681 (c89/s9 - Failure to Stop Red Light). It should be noted that the accident caused damage to the bushes of the business at 432 Cherry St. I contacted the property owner, Dennis Cameron, and made him aware for insurance purposes.

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

ANDREW SCOTT VELLO

NEWTON POLICE DEPT

10/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date