

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/17/2019	Time of Crash 07:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			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:					
<div>WEST BEACON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH HOBART RD</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>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>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001058			
License # --- St MA DOB/Age ---			Reg # 8JE345		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL			Veh Year 2018		Veh Make MAZDA		Veh Config. 1 20			
Operator RILEY ALLY YUNHUIJING			Owner RILEY BRENDAN							
Address 98 BEECH AVE			Address 98 BEECH AVE							
City MELROSE State MA Zip 02176			City MELROSE State MA Zip 02176							
Insurance Company PROGRESSIVE DISTRICT			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			
Citation # (If Issued)			Most Harmful Event 1 23		0		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24		8		6			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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			-----		99 4 99 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # 8DG181		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL			Veh Year 2015		Veh Make HONDA		Veh Config. 1 20			
Operator BYLYSHI MONDI			Owner (Same as operator)							
Address 86 HIGHLAND RD (apt. 3)			Address							
City BROOKLINE State MA Zip 02445			City State Zip							
Insurance Company SAFETY			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued)			Most Harmful Event 1 23		1		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8		6			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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			-----		99 4 99 0 0 10 1					
HARTSGROVE, MARISSA			----- F 4 99 4 99 0 0 10 1							
GRANT, JORDYN			----- F 6 4 99 99 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

Hobart Rd

Beacon St

Hammond Pond Pkwy

Mv#1

Mv#2

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:

Mv#1 came to a stop at the traffic light at the end of Hobart Rd S/B at the intersection of Beacon St. All traffic lights were on flash mode. #1 had a flashing red light. #1 stated she proceeded straight ahead after she believed traffic was clear. #1 middle/passenger side front end struck Mv#2 passenger side rear quarter panel area which was travelling through the intersection on Beacon St W/B.

#2 stated he had a flashing yellow light and was negotiating his way through the intersection on Beacon St W/B. #2 stated at that time he was struck on the passenger side rear quarter panel area.

Both vehicles sustained moderate damage.

Observations upon arrival was heavy rush hour traffic with the intersection completely congested as vehicles were trying to get through it on flashing lights. City of Newton traffic light contractor Dagle Electric was

(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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	10/17/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

