

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/27/2019	Time of Crash 13:04 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			WEST 277 CRAFTS ST Route# Direction Address # Name of Roadway/Street Feet N S E W of 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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001100			
License # --- St MA DOB/Age ---			Reg # 2WB747		Reg Type PAS		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2012		Veh Make TOYOTA		Veh Config. 1 20			
Operator JAYAPRAKASAN PRABHAHAR Last First Middle			Owner (Same as operator)		First Middle		Address			
Address 14 BONITA ST			Address		City State Zip		City State Zip			
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 2 22 22 22 22 2 23 9 24 24 25 Towed Y			
Vehicle Travel Direction: N S E X Responding to Emergency? N			Most Harmful Event 2 23		Driver Contributing Code 9 24 24		Underride/Override 25			
Citation # (If Issued) T2079841			Violation 1: Ch 89/4A Sec Violation 2: Ch Sec		Violation 3: Ch Sec Violation 4: Ch Sec		10 Undercarriage 5 11 Totaled			
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 99 99 0 0 10 1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age ---			Reg # 999YE7		Reg Type PAS		Reg State MA			
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2015		Veh Make MAZDA		Veh Config. 1 20			
Operator --- Last First Middle			Owner XU RONGSONG Last First Middle		Address 167 LEWIS ROAD		City BELMONT State MA Zip 02478			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2 23 1 24 24 25 Towed Y			
Vehicle Travel Direction: N S E X Responding to Emergency? N			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25			
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec		Violation 3: Ch Sec Violation 4: Ch Sec		10 Undercarriage 5 11 Totaled			
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 99 99 0 0 10 1			

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Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001100			
License # _____ St _____ DOB/Age _____			Reg # 653PS7		Reg Type PAS		Reg State MA			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2005		Veh Make HONDA		Veh Config. 1 20			
Operator _____ Last _____ First _____ Middle _____			Owner HUI WANG		Last _____ First _____ Middle _____					
Address _____			Address 19 (apt. C2) BURNHAM STREET		Last _____ First _____ Middle _____					
City _____ State _____ Zip _____			City BELMONT		State MA		Zip 02463			
Insurance Company GOVT EMPLOYEE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 2 23		1 9		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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Operator			See Above		-----		---			
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License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State 20			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. 20			
Operator _____ Last _____ First _____ Middle _____			Owner _____		Last _____ First _____ Middle _____					
Address _____			Address _____		Last _____ First _____ Middle _____					
City _____ State _____ Zip _____			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 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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Operator/Non-Motorist			See Above		-----		---			

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian  
 ie: → 1    → 2    →

**Crash Diagram:**

*NOT TO SCALE*

277 CRAFTS STREET

N  
↑

P.O.I.

P.O.I.

MV3

MV3

MV2

MV1

MV1

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 OF MV 1 WAS TRAVELING WEST ON CRAFTS STREET WHEN HE STATED HE LOST CONTROL OF HIS VEHICLE WHICH STRUCK MV2 IN THE REAR CAUSING SIGNIFICANT DAMAGE TO THE VEHICLE. DUE TO THE IMPACT, MV 2 WAS PUSHED INTO MV 3 CAUSING MODERATE DAMAGE TO THE REAR OF MV 3. BOTH MV'S 2 AND 3 WERE LEGALLY PARKED AND UNOCCUPIED AT THE TIME OF THE ACCIDENT. WE WERE ABLE TO NOTIFY BOTH OWNERS OF THE PARKED VEHICLES WHO WERE INSIDE F.A. DAY ATTENDING THE CHINESE LANGUAGE SCHOOL. MV1 AND MV 2 WERE TOWED FROM THE SCENE BY TODYS. OPERATOR OF MV 1 WAS ISSUED IN HAND MA UNIFORM CITATION T2079841 FOR 89/4A MARKED LANES.

**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

MATTHEW W COLELLA

NEWTON POLICE DEPART

10/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date