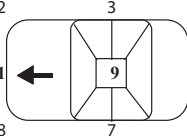
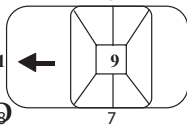


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 11/04/2019		Time of Crash 16:02 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ 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>13</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>29</div> <div>WEST WATERTOWN ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet X S E W of WALNUT ST</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>43</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____</div> <div>Operator CHIN GARY</div> <div>Address 46 MELBOURNE AVE</div> <div>City NEWTON State MA Zip 02458</div> <div>Insurance Company METROPOLITAN PROP</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>12</div> <div>Reg # 672TA8 Reg Type PAN Reg State MA</div> <div>Veh Year 2012 Veh Make ACURA Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 2 21</div> <div>Event Sequence 1 22 22 22 22 2</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div> <div>10 Undercarriage 11 Totaled</div>																																																																						
<div>51</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td>LAU, SUSAN</td><td>46 MELBOURNE AVE NEWTON, MA 02460</td><td>-----</td><td>F</td><td>3</td><td>1</td><td>4</td><td>99</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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	4	99	0	0	10	1		LAU, SUSAN	46 MELBOURNE AVE NEWTON, MA 02460	-----	F	3	1	4	99	0	0	10	1																												<div>131</div>					
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→ 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:

On Monday, November 4th, 2019 at approximately 1602 hours I, Officer Newton and Officer Healy responded to a motor vehicle accident at 22 Randlett Park.

Upon arrival we spoke to the operator of vehicle 1. He stated the accident occurred on Watertown st. He was stopped at the traffic light on Watertown St at Walnut St when he was rear ended by vehicle 2. He attempted to pull over and speak to the operator of vehicle 2 but vehicle 2 proceeded to keep driving westbound on Watertown St. Vehicle 1 followed vehicle 2 until vehicle 2 drove to his residence at 22 Randlett Pk. When speaking to the operator of vehicle 2 he seemed confused. He could not answer questions regarding the accident until he was asked multiple times. He stated he was driving from Newtonville to his residence. He stated that he did not realize he was involved in an accident so he proceeded to drive to his residence. It

(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

RICHARD NEWTON

NEWTON POLICE DEPT

11/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

