

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/08/2019	Time of Crash 18:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report										Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >										NOT AT INTERSECTION:				
WEST BOYLSTON ST																	
Route# Direction Name of Roadway/Street													Route# Direction Address # Name of Roadway/Street				
At																	
SOUTH PARKER ST																	
Route# Direction Name of Intersecting Roadway/Street													Feet N S E W of Mile Marker or Exit Number				
Also at Intersection with																	
Route# Direction Name of Intersecting Roadway/Street													Feet N S E W of Route# Intersecting Roadway/Street				
													Landmark				
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001262								
License # --- St MA DOB/Age ---													Reg # 3GW770 Reg Type PAN Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL ---													Veh Year 2019 Veh Make BMW Veh Config. 1 20				
Operator TORCHIN ROBERT P													Owner (Same as operator)				
Address 10 FOX LANE													Address				
City NEWTON State MA Zip 02459													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				
Citation # (If Issued) ---													Most Harmful Event 1 23				
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---													Driver Contributing Code 1 24 24				
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---													Underride/Override 25 Towed Y				
Please fill out for operator and all occupants involved													10 Undercarriage 11 Totaled				
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 --- --- 1 3 99 0 0 10 1 NONE																	
TORCHIN, MADELYN 10 FOX LN NEWTON, MA 02459 --- F 3 1 3 99 0 0 8 2 NEWTON WELLESLEY																	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 673SE3 Reg Type PAN Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL ---													Veh Year 2013 Veh Make BMW Veh Config. 2 20				
Operator TATE ISABEL M													Owner DONG QING				
Address 21 CIDER HILL LN													Address 21 CIDER HILL LN				
City SHERBORN State MA Zip 01770													City SHERBORN State MA Zip 01770				
Insurance Company CITIZENS INSURANCE													Vehicle Action Prior to Crash 4 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				
Citation # (If Issued) T2013392													Most Harmful Event 1 23				
Violation 1: Ch 89/8 Sec --- Violation 2: Ch --- Sec ---													Driver Contributing Code 6 24 24				
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---													Underride/Override 25 Towed Y				
Please fill out for operator and all occupants involved													10 Undercarriage 11 Totaled				
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 --- --- 1 3 99 0 0 10 1 NONE																	
GONG, ASHLEY 22 HARRINGTON RIDGE RD SHERBORN, MA 01770 --- M 3 1 3 99 0 0 10 1 NONE																	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Boylston St
Boylston St over pass
Parker St
MV1
MV2
NOT TO SCALE

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:

MV1 was operating southbound on Parker St (public way) and the operator stated he had the green light.

MV2 was operating northbound on Parker St, and the operator also said she had the green light. MV2 attempted to take a left hand turn onto the Boylston St overpass westbound, but struck MV1 in a head on crash. Both vehicles had front and side airbags deployed. Passenger of MV1 said they had minor injuries and was transported to Newton-Wellesley Hospital. MV1 operator did not report injuries. MV2 operator and passenger did not report injuries at this time. Both MVs sustained heavy front end damage and both were transported by Today's. MV2 operator was issued MA Uniform citation # T2013392 for Ch.89 s8, failure to yield for approaching MV.

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

MARK HATFIELD

NEWTON POLICE DEPT.

12/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date