

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/21/2019	Time of Crash 11:49 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				9
SOUTH JACKSON RD											2
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								10
At			Feet N S E W of _____ or _____				Mile Marker Exit Number				
EAST WASHINGTON ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				11
Also at Intersection with			Feet N S E W of _____								4
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001325		
License # --- St MA DOB/Age ---			Reg # P78866 Reg Type CON Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2004 Veh Make FORD Veh Config. 13 20								
Operator KIVEKAS STEVEN			Owner (Same as operator)								12
Address 3 ALDERSON DR			Address _____								
City IPSWICH State MA Zip 01938			City _____ State _____ Zip _____								
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled					
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											13
Name (Last First Middle) Address Age/DOB Sex			Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility								
Operator See Above			1 4 4 0 0 10 1								
KIVEKAS, MAX 3 ALDERSON DR. IPSWICH, MA 01938			2 2 4 4 0 0 10 1								
KIVEKAS, SHAWN 59 KING ST. NASHUA, NH 03060			3 1 4 4 0 0 10 1								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # CIM899 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL GENER			Veh Year 2007 Veh Make NISSAN Veh Config. 1 20								
Operator LEONG SHIRLEY			Owner (Same as operator)								
Address 8 WESLEY ST (apt. 2)			Address _____								
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____								
Insurance Company GENERAL			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 22 22 22			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex			Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility								
Operator/Non-Motorist See Above			1 4 4 0 0 10 1								
SZETO, MONICA 8 WESLEY ST (apt 2) NEWTON, MA			3 1 4 4 0 0 10 1								
LAU, VERONICA 8 WESLEY ST NEWTON, MA 02458			4 4 4 4 0 0 10 1								
LAU, ADRIAN 8 WESLEY ST NEWTON, MA 02458			5 4 4 4 0 0 10 1								

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

546 washington st

jackson rd

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

ON 12-21-19 AT APPROX. 1149HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 546 WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON WASHINGTON ST. HE WAS IN THE LEFT LANE AND WANTED TO GET INTO THE RIGHT LANE. HE PUT HIS BLINKER ON AND CHECKED HIS MIRROR. HE STATES VEHICLE #2 WAS A GOOD DISTANCE BEHIND HIM SO HE STARTED TO TURN RIGHT. HE STATES VEHICLE #2 SPED UP AS HE WAS TURNING AND HE WAS UNABLE TO AVOID HITTING HER. VEHICLE #2 STATES SHE WAS DRIVING E-BOUND ON WASHINGTON ST. SHE WAS IN THE RIGHT LANE AND WHILE DRIVING WAS HIT BY VEHICLE #1. PASSENGER ( MONICA SZETO ) STATES SHE SAW VEHICLE #1 BLINKER BUT AS HER MOTHER SPED UP SHE ASSUMED SHE DID NOT SEE HIM TURNING. ALL PARTIES REPORTED NO INJURIES. VEHICLE #1 HAD RIGHT FRONT END SCRAPES. VEHICLE #2 HAD LEFT SIDE DAMAGE. BOTH VEHICLES WERE OPERATIONAL. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE

(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

THOMAS P WALSH

NEWTON POLICE DEPART

12/21/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

[illegible]

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

THOMAS P WALSH			NEWTON POLICE DEPARTM		12/21/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					