

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/03/2020		Time of Crash 17:35 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:						9	
Route# Direction Name of Roadway/Street At				EAST 330 NEVADA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	5
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000010							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator WONG DOUGLAS Address 18 SAUNDER TERR City WELLESLEY State MA Zip 02481 Insurance Company AMICA				Reg # 6NV678 Reg Type PAN Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 20 Owner CHEN KATTIE Address 18 SAUNDER TERR City WELLESLEY State MA Zip 02481 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N								7	12
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved												13	2
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													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 XX DOB/Age --- Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator IGO'S WELDING SUI UNK Address 205 GROVE ST City WATERTOWN State MA Zip 02472 Insurance Company FEDERATED MUTUAL INSURANCE				Reg # P90238 Reg Type CON Reg State MA Veh Year 2013 Veh Make PTRB Veh Config. 8 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N								8	1
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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 01/03/2020, while assigned to WN, I, Officer Conary, met with reporting party WONG, Douglas for a report of a hit and run. WONG stated that he parked in his car, MV1, in the back of 330 Nevada Street and went to work. When he left work to return back to his vehicle he saw that there was damage to the left side and back tail light. WONG was able to retrieve the video for the parking lot and get the other vehicles information. WONG showed me the video and I saw that a white pick-up/trailer truck, MV2, was making a delivery and pulled out of the parking spot right next to MV1. After MV2 left the area the damage to MV1 was visible. I was able to get the plate information, and contact the company. I left a voicemail for them to call Newton Police regarding the accident.

WONG was able to drive the vehicle. Video of the incident will be submitted to IT accordingly. No further

(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

Crash Narrative:

incident to report.

Traffic Bureau update (Officer Gaudet): I contacted Igos Welding Supply Company and spoke with the operator of MV2, Tyler Igo (S35470305). Igo stated he was operating MA CON: P90238 while making a delivery at 330 Nevada Street, Newton at the time the crash allegedly occurred. Igo stated he did not know his vehicle was involved in a crash and has not observed any new damage to his vehicle. Igo's information has been added to this report to reflect him as the operator of MV2. No further action will be taken.

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

KRISTINA CONARY			NEWTON POLICE DEPT.		01/03/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					