

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/08/2020	Time of Crash 17:24 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:					
WEST BOYLSTON ST								9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					10		
At			Feet N S E W of _____ or _____							
NORTH WINCHESTER ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					11		
Also at Intersection with			Route# Intersecting Roadway/Street					3		
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000031			
License # --- St MA DOB/Age ---			Reg # 6VX195		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2014		Veh Make NISSAN		Veh Config. 2 20			
Operator BITADOS KATERINA			Owner (Same as operator)				12			
Address 109 ELLIOT ST			Address _____							
City NEWTON State MA Zip 02461			City _____ State _____ Zip _____							
Insurance Company GOVERNMENT EMPLOYEES INS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		6					
Please fill out for operator and all occupants involved							13			
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		1			
Operator See Above			-----		---					
BITADOS, ELENI 109 ELLIOT ST NEWTON, MA 02461			-----		F 6 1 4 4 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # EV245E		Reg Type PAS		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2018		Veh Make TESLA		Veh Config. 1 20			
Operator XING-LI JASON			Owner (Same as operator)							
Address 177 OLIVER RD			Address _____							
City NEWTON State MA Zip 02468			City _____ State _____ Zip _____							
Insurance Company GEICO GENERAL			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		6					
Please fill out for operator and all occupants involved							13			
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		1			
Operator/Non-Motorist See Above			-----		---					
HUYNH, LESA, MY 177 OLIVER RD NEWTON, MA 02468			-----		F 4 1 4 4 0 0 10 1					
XING, JACOB 177 OLIVER RD NEWTON, MA 02468			-----		M 3 4 4 4 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Winchester St

Boylston St

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 January 8 2020 at approximately 17:24 hours I responded to the area of Centre St by Winchester St for a two vehicle crash with no injuries.

Upon arrival, I observed the MV1 facing Northbound on Winchester St with MV2 Westbound from Boylston St. MV1 had front passenger side damage and MV2 had front driver's side damage.

The operator of MV 1 said that she was traveling Northbound on Winchester St when MV2 cut in front of her from Boylston St off ramp and she did not have time to stop in time and crashed into MV2.

The operator of MV2 said that he had stopped at the stop sign on the Boylston St off ramp, turning left onto Winchester St and was inching forward when the northbound traffic was stopped he began to drive looking at southbound traffic when MV1 passed the stopped vehicle on the left and he crashed into MV1.

(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

CHARLES P GUARINO	38802	NEWTON POLICE DEPART	01/08/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

There were no reported injuries and MV1 denied passing any vehicles on Winchester St.

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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

Placa

Material 1 digit #

41	Material Name
----	---------------

Material Name _____ Material 4 digit # _____ Release code _____

Release code

42

CHARLES P GUARINO

38802

NEWTON POLICE DEPARTMENT

01/08/2020

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____