

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 01/26/2020		Time of Crash 12:10 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											
EAST ELM ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								10											
SOUTH WEBSTER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street _____								11											
Route# Direction Name of Intersecting Roadway/Street				Landmark								3											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000097															
License # --- St MA DOB/Age ---				Reg # 6WT961 Reg Type PAN Reg State MA																			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2016 Veh Make HOND Veh Config. 2 20																			
Operator BRESSLER RISA H Last First Middle				Owner LEASE TRUST HONDA Last First Middle									12										
Address 92 WEBSTER PK.				Address 600 KELLY WAY																			
City NEWTON State MA Zip 02465				City HOLYOKE State MA Zip 01040																			
Insurance Company PLMOUTH ROCK				Vehicle Action Prior to Crash 3 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 2 3 4																			
Citation # (If Issued) _____				Most Harmful Event 1 23 1 9 10 Undercarriage																			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24 5 11 Totaled																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y 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						
Operator				See Above		-----		---	---	1	4	4	0	0	10	1	NONE						
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 5 #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 # 5CE984 Reg Type PAN Reg State MA																			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2017 Veh Make AUDI Veh Config. 2 20																			
Operator CHAN ALBERT W Last First Middle				Owner (Same as operator) Last First Middle																			
Address 16 ACKERS AVE				Address _____																			
City BROOKLINE State MA Zip 02445				City _____ State _____ Zip _____																			
Insurance Company ESURANCE				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 3 4																			
Citation # (If Issued) T2081059				Most Harmful Event 1 23 1 9 10 Undercarriage																			
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24 5 11 Totaled																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y 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						
Operator/Non-Motorist				See Above		-----		---	---	1	4	4	0	0	10	1	NONE						
CHAN, PAMELA				16 ACKERS AVE BROOKLINE, MA 02445		-----		F	4	1	4	4	0	0	10	1	NONE						
CHU, REGINA				16 ACKERS AVE BROOKLINE, MA 02445		-----		F	6	1	4	4	0	0	10	1	NONE						
NAM, PEL, YAO				16 ACKERS AVE BROOKLINE, MA 02445		-----		M	3	1	4	4	0	0	10	1	NONE						

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			9 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			10 ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
3 <input type="checkbox"/> Vehicle ____ #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			4 Case Number 200000097							
4 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			12 Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4 Most Harmful Event <input type="checkbox"/> 23 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed _____ 							
5 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13 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 See Above -----    							
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 5 #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
8 License # --- St MA DOB/Age --- Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____ Operator CHAN ALBERT W Address 16 ACKERS AVE City BROOKLINE State MA Zip 02445 Insurance Company ESURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) T2081059 Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			14 Reg # 5CE984 Reg Type PAN Reg State MA Veh Year 2017 Veh Make AUDI Veh Config. <input type="checkbox"/> 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 4 <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed Y 							
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→ 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:**

The operator of MV#1 stated that she was traveling east on Webster St, stopped at the stop sign at Elm St and proceeded to turn right when crash occurred with MV#2.

The operator of MV#2 stated that he was traveling south on Elm St and thinks he stopped at the stop sign at Webster St and then proceeded straight ahead and crash occurred with MV#1.

The witness operating MV#3, was stopped at the stop sign on Webster St (west) at Elm St and stated to me that he observed MV#1 stop at her stop sign and that MV#2 went through his stop sign without stopping and that is why the crash occurred.

No injuries, MV#1 towed by Todys and operator #2 cited for stop sign violation.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
ALEX, ERIC,	22 GAMBIER ST AUBURNDAL,MA 02466	-----	Y

**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

GEORGE M CLAFLIN

NEWTON POLICE DEPART

01/26/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date