

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/26/2020	Time of Crash 18:01 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
BEACON ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of				Mile Marker Exit Number				
SOUTH CENTRE ST											
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of								
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 2000000191		
License # --- St XX DOB/Age ---			Reg # 7BN135 Reg Type PAN Reg State MA								
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL			Veh Year 2015 Veh Make JEEP Veh Config. 2 20								
Operator VITORIA PATRICIA VERONICA			Owner WARDLY SUSANNAH S								
Address 50 WEDGEWOOD ROAD			Address 50 WEDGEWOOD RD								
City NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465								
Insurance Company GEICO			Vehicle Action Prior to Crash 5 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)			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 97 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			6 7 8					
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			---			1 4 99 0 0 10 1					
ROVZAR-WARDLY, TATIANA			50 WEDGEWOOD ROAD NEWTON, MA 02465			F 3 1 4 99 0 0 10 1					
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 MA DOB/Age ---			Reg # 5479SS Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2016 Veh Make HONDA Veh Config. 1 20								
Operator YANG GUANG			Owner (Same as operator)								
Address 85 BROOKLINE STREET			Address								
City CHESTNUT HILL State MA Zip 02467			City State Zip								
Insurance Company IDS PROPERTY CASUA			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					
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Operator/Non-Motorist See Above			---			1 4 99 0 0 10 1					

→ 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:**

Motor vehicle 1 (MV1) took a right turn from the eastbound travel lane on Beacon St. onto Centre St. (southbound). At the same time, motor vehicle 2 (MV2) took a left turn from the westbound travel lane on Beacon St. onto Centre St. (also southbound). As the vehicles both turned onto Centre St. MV1 attempted to switch from the right lane to the left lane and crashed into MV2. As a result of the crash, MV1 sustained minor front end damage, while MV2 sustained moderate rear passengers side damage.

**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