

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number		
Date of Crash 03/05/2020	Time of Crash 08:14 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
WEST HOMER ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH KENWOOD AVE Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		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 _____ 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 _____

<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number <u>200000215</u>
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License # --- St <u>MA</u> DOB/Age --- Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator <u>YU</u> <u>CHUNG</u> Address <u>19 HARGRAVE CIR</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02461</u> Insurance Company <u>TRAVELERS CASUALTY</u>	Reg # <u>EV1450</u> Reg Type <u>PAS</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>TESLA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>TESLA MOTORS LEA</u> Address <u>3500 DEER CREEK RD</u> City <u>PALO ALTO</u> State <u>CA</u> Zip <u>94304</u> Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>4</u> <u>24</u> <u>24</u> <u>1</u> <u>8</u> <u>7</u> <u>6</u> Underride/Override <u>25</u> Towed <u>Y</u>
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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	-----	---	---	99	4	99	0	0	10	1	NONE
CHENG, SUE	19 HARGRAVE CIR NEWTON, MA 02461	-----	F	3	99	4	99	0	0	10	1	NONE

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>14</u>	Action <u>15</u>	Location <u>16</u>	Condition <u>17</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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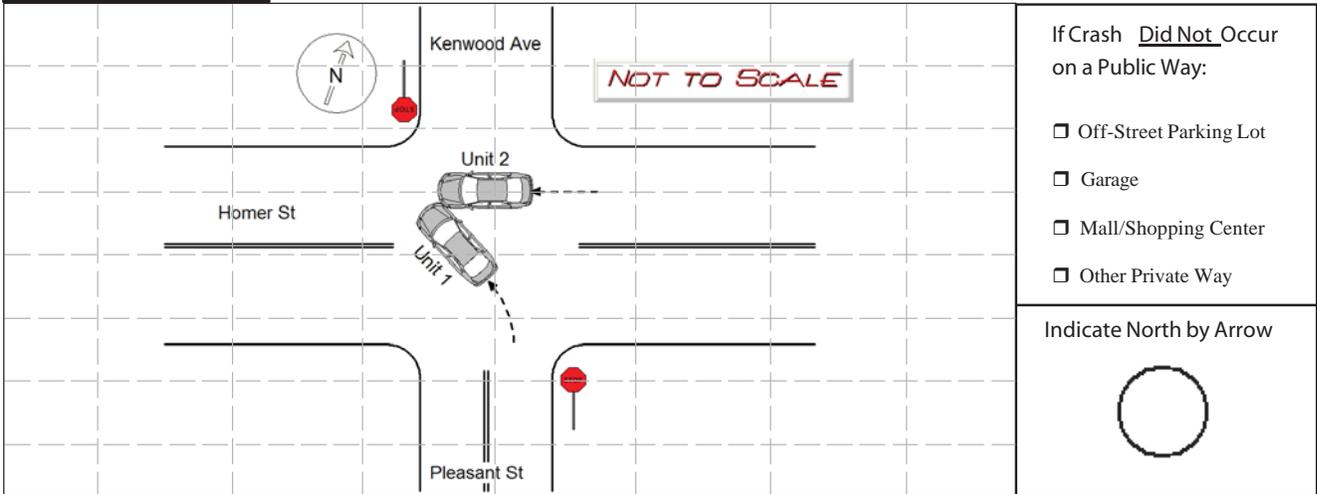
License # --- St <u>MA</u> DOB/Age --- Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator <u>GOLD</u> <u>NEAL</u> <u>S</u> Address <u>141 ARLINGTON RD</u> City <u>BROOKLINE</u> State <u>MA</u> Zip <u>02467</u> Insurance Company <u>ARBELLA MUTUAL</u>	Reg # <u>915MS9</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2009</u> Veh Make <u>MERZ</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>99</u> <u>24</u> <u>24</u> <u>1</u> <u>8</u> <u>7</u> <u>6</u> Underride/Override <u>25</u> Towed <u>Y</u>
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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	-----	---	---	99	2	99	0	0	9	1	NONE

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



Crash Narrative:

Mv#1 operator stated he came to a full stop at the end of Pleasant St N/B. #1 stated he pulled forward to turn left W/B on Homer St. At that time, #1 passenger side front end collided with Mv#2 driver's side front end which was travelling on Homer St W/B. #1 stated he did not see #2 on Homer St. Significant damage sustained to #1 front end and towed by Tody's. #1 all occupants reported no injuries.

#2 operator stated he was travelling on Homer St W/B at approximately 30mph. #2 stated he saw #1 emerge from Pleasant St. #2 stated he did not have enough time to stop at which time the collision occurred with #1. Heavy damage sustained to #2 front end and towed by Tody's. After initial questioning of #2 operator, #2 later stated he could feel some pain in the right leg from getting jammed into the console area. #2 refused a medical evaluation.

(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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

03/05/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

