

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/05/2020	Time of Crash 20:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	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:	
NORTH WASHINGTON ST Route# Direction Name of Roadway/Street At EAST WASHINGTON ST 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 N S E W of _____ • _____ or _____ Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 2000000217
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator WEN SIDNEY XINYU Address 27 PINE STREET City NEWTON State MA Zip 02465 Insurance Company ARBELLA MUTUAL INS		Reg # 1FLM95 Reg Type PAN Reg State MA Veh Year 2009 Veh Make VOLVO Veh Config. 1 20 Owner WEN GUOLIN Address 27 PINE ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 6 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled		

Please fill out for operator and all occupants involved		Age/DOB	Sex	Seat Pos.	26 Safety System	27 Airbag Status	28 Airbag Switch	29 Eject Code	30 Trap Code	31 Injury Status	32 Transp. Code	33 Medical Facility
Operator		See Above	-----	---	1	4	99	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 CT DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator PADIYATHARAKUN RAHUL Address 11 SHAY STREET City WINDSOR State CT Zip 06095 Insurance Company GEICO GENERAL INS Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Reg # 47F410 Reg Type PAN Reg State MA Veh Year 2019 Veh Make VOLKSWAGON Veh Config. 1 20 Owner VW CREDIT LEASING LTD Address 1401 FRANKLIN BLVD City LIBERTYVILLE State IL Zip 60048 Vehicle Action Prior to Crash 6 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y										
Please fill out for operator and all occupants involved		Age/DOB	Sex	Seat Pos.	26 Safety System	27 Airbag Status	28 Airbag Switch	29 Eject Code	30 Trap Code	31 Injury Status	32 Transp. Code	33 Medical Facility
Operator/Non-Motorist		See Above	-----	---	1	2	99	0	0	10	1	
TAZEEN, PARI		11 SHAY STREET WINDSOR, CT 06095	---	F	3	1	2	99	0	0	8	2 NEWTON WELLESLEY H

→ 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:

Operator of MV1 stated he was traveling Westbound on Washington St. attempting to merge Northbound on Washington St. and as he approached the intersection, he didn't see MV2 and collided with MV2. Operator of MV2 stated he was traveling Eastbound on Washington St. attempting to merge Northbound onto Washington St. into the center lane to travel over the bridge and through the intersection, however didn't see MV1 and collided with MV1. It should be noted MV2 had a yield sign when merging. M1 had a turning vehicles yield to pedestrian sign before entering the bridge.

MV1 sustained moderate left front end damage. MV2 sustained heavy passenger side damage. Passenger in MV2 was transported to Newton Wellesley Hospital for shoulder pain. Tody's responded on scene and towed MV2. A towed

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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 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Crash Diagram:

motor vehicle form was filled out and placed on file.

Name (Last, First, Middle)	Address	Phone #	Statement

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

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 _____

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42