

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 04/06/2020	Time of Crash 17:00 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:							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 170 WINCHESTER ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N][S][E][W] of _____ • _____ or _____ Exit Number _____ _____ Feet [N][S][E][W] of _____ _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000255					
License # _____ St MA DOB/Age _____			Reg # 323ESH		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions L 19 CDL _____			Veh Year 2005		Veh Make LEXUS		Veh Config. 1 20					
Operator TIEN JOSEPH Last First Middle			Owner TIEN VINCENT Last First Middle									
Address 401 WINCHESTER ST.			Address 401 WINCHESTER ST									
City NEWTON State MA Zip 02461			City NEWTON State MA Zip 1999									
Insurance Company ARBELLA			Vehicle Action Prior to Crash 2 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 3 4 10 Undercarriage 11 Totaled							
Citation # (If Issued) _____			Most Harmful Event 1 23		1 24 24 8 7 6							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.		27 Safety System	
Operator			See Above		-----		---		1 4		1 0	
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 # 21VR22		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010		Veh Make NISSAN		Veh Config. 1 20					
Operator SEIDLER LEE M Last First Middle			Owner (Same as operator) Last First Middle									
Address 458 WINCHESTER ST			Address _____									
City NEWTON State MA Zip 02461			City _____ State _____ Zip _____									
Insurance Company PLYMOUTH ROCK			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 3 4 10 Undercarriage 11 Totaled							
Citation # (If Issued) _____			Most Harmful Event 1 23		1 24 24 8 7 6							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 5 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.		27 Safety System	
Operator/Non-Motorist			See Above		-----		---		1 1		1 0	

→ Direction

ie: → 1 → 2 →

1 = Vehicle 1 2 = Vehicle 2

○ Pedestrian

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 MV1 states that he was traveling northbound on Winchester Street when he stopped in front of 170 Winchester Street to allow a pedestrian to cross the road. While stopped, MV1 was struck from behind by MV2. The operator of MV2 stated that he saw the MV1 stop for a pedestrian but did not have enough time to stop and subsequently crashed into MV1.

Both vehicles sustained moderate damage and were towed from the scene (MV1 by Todys and MV2 by AAA) .

Both operators were evaluated by medics due to air bag deployment and signed patient refusals.

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