

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/17/2020		Time of Crash 19:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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	
WEST COPLEY ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
NORTH WASHINGTON ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11	
Also at Intersection with				Route# Intersecting Roadway/Street								1	
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 2000000334							
License # --- St MA DOB/Age ---				Reg # 8SG495 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20									
Operator MA ALECK				Owner CREDIT CORP. TOYOTA MOTOR								12	
Address 95 ADAMS ST (apt. 9)				Address PO BO 105386								1	
City WALTHAM State MA Zip 02453				City ATLANTA State GA Zip 30348									
Insurance Company AMICA				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 10 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 10 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 11 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 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				10	
Operator See Above				1 5 99 0 0 10 1									
ZENG, TING 95 ADAMS ST WALTHAM, MA 02453				F 3 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 MA DOB/Age ---				Reg # T69959 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2007 Veh Make WRKH Veh Config. 6 20									
Operator ABREU-PENA ALEXANDER S				Owner UNITED PARCEL SERVICE									
Address 5 CHRYSLER RD (apt. 309)				Address 15 ARLINGTON STREET									
City NATICK State MA Zip 01760				City WATERTOWN State MA Zip 02472									
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 51 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 51 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 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				10	
Operator/Non-Motorist See Above				1 4 99 0 0 10 1									
COOK, BRENNAN 145 LANGDON RD WATERTOWN, MA 02472				M 3 1 4 99 0 0 10 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Washington St

Copley St

NOT TO SCALE

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:**

MV1 stated he was travelling straight on Washington St when MV2 "pulled out from the side street into my lane so I swerved to avoid him, hit the crosswalk sign and scratched my side mirror."

MV2 stated he was stopped at the stop sign on Copley St to allow pedestrians to cross and never pulled out onto Washington St until after MV1 passed and had nothing to do with the collision.

No tows required or injuries reported.

**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