Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
07/15/2020	19:32 24HR	NEWTON	2	1	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **3**

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 **1**

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street: WEST 140 BEACON ST

Feet N S E W of Mile Marker ___ ___ ___ • ___ or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

2 **9**

2 **10**

3 **11**

3 ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2000000382

License # --- St MA DOB/Age -- -- ----

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment

4 **1** Operator LAURENT (Last) GINA (First) (Middle)

Address 170 WINDSOR ST (apt. 7)

City CAMBRIDGE State MA Zip 02139

Insurance Company ARBELLA MUTUAL INSURANCE

5 Vehicle Travel Direction: N S E ☒ Responding to Emergency? N

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

6 **1** Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 8FS290 Reg Type PAN Reg State MA

Veh Year 2010 Veh Make TOYOTA Veh Config. 2 20

Owner (Same as operator) (Last) (First) (Middle)

Address

City State Zip

Vehicle Action Prior to Crash 1 21

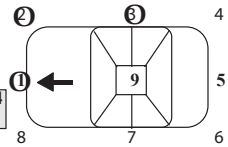
Event Sequence 1 22 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

4 **1** 12

6 **1**

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	8	1	

1 13

7 **1** Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # --- St XX DOB/Age -- -- ----

Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment

8 **1** Operator YUANXING (Last) WANG (First) (Middle)

Address 2045 COMMONWEALTH AVE. (apt. 23)

City BRIGHTON State MA Zip 02135

Insurance Company GOVERNMENT EMPLOYEE

Vehicle Travel Direction: N S E ☒ Responding to Emergency? N

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 1KML43 Reg Type PAN Reg State MA

Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20

Owner (Same as operator) (Last) (First) (Middle)

Address

City State Zip

Vehicle Action Prior to Crash 6 21

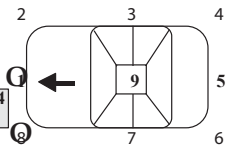
Event Sequence 1 22 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 19 24 24

Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

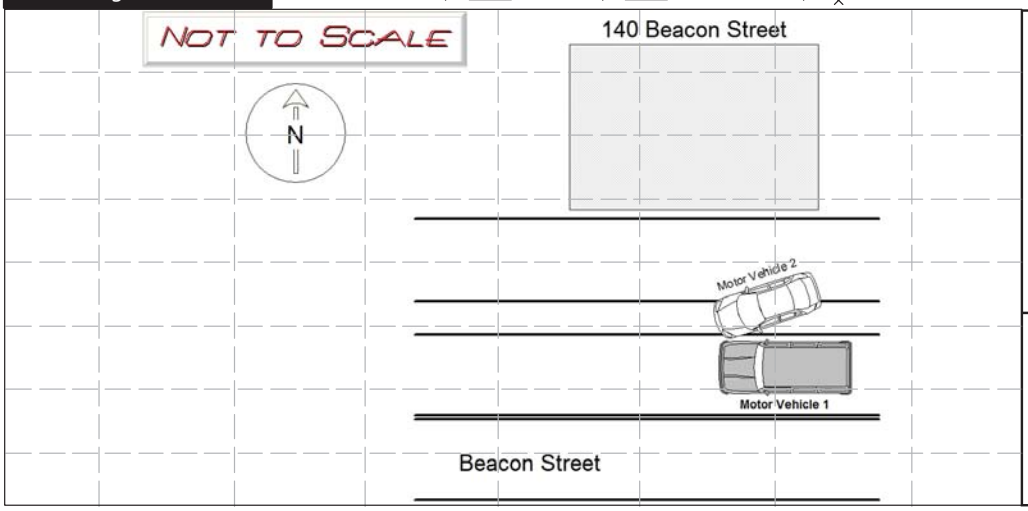
Please fill out for operator and all occupants involved

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	- - - - - - - -	- - -	- - -	1	4	99	0	0	10	1	

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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) was traveling westbound on Beacon Street when motor vehicle 2 (MV2), which was parked in front of 140 Beacon Street, attempted to pull out into traffic and crashed into MV1. As a result of the crash MV1 sustained significant front end passengers side damage, while MV2 sustained significant front end drivers 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 [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]

ALEXANDER COLETTI		28070	NEWTON POLICE DEPARTM		07/15/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00