

Police Use Only			Commonwealth of Massachusetts				RMV Document Number												
Date of Crash 07/25/2020		Time of Crash 15:04 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 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							
Route# Direction Name of Roadway/Street At				WEST 138 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2 10 11 3							
1 1		2 1		3		Vehicle 1 2 #Occupants		Hit/Run		Moped		Case Number 2000000404							
License # --- St NH DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator CRONAN PAUL ANTHONY Address 144 OCEAN BVLD City SEABROOK State NH Zip 03874 Insurance Company STATE FARM Vehicle Travel Direction: N S X 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 # 4575135 Reg Type PASS Reg State NH Veh Year 2008 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled								12							
5 6 1				Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility								13 1			
Operator				See Above															
NOLAN, KAITLIN, ANNE				919 SISTER STREET NEW ORLEANS, LA 70117				F 3 1 4 99 0 0 10 1											
7 1				Please Select One of the Following: Vehicle 2 2 #Occupants				Non-Motorist A Type 14		Action 15		Location 16		Condition 17		Hit/Run		Moped	
8 1				License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator TSUTE CHEN Address 86 GODDARD STREET City NEWTON State MA Zip 02461 Insurance Company NORFOLD & DEDHAM MUTUAL FIRE INSURANC Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 8EJ312 Reg Type PAN Reg State MA Veh Year 2019 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled											
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Operator/Non-Motorist				See Above															
YUAN, SHIAWSHYUAN				86 GODDARD STREET NEWTON, MA 02461				F 3 1 4 99 0 0 10 1											

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Dunkin Donuts
138 Needham Street

Unit 2
P.O.I.
Unit 1

Needham Street

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 Motor Vehicle #1 Stated that he was backing out of his parking spot and checked several time to see if there were any vehicles coming or backing out. Operator stated he had a clear path so he started reversing and was struck by Motor Vehicle #2 who was backing out of his spot causing minor damage to the rear passengers side of the vehicle. Operator of Motor Vehicle #1 stated he was halfway in the middle of the parking lot when he was struck.

Operator of Motor Vehicle # 2 stated that he got into his vehicle looked around saw a clear path to reverse and while he was reversing was struck by Motor Vehicle # 1. Motor vehicle # 2 sustained minor rear 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

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

ZOI H LAZARAKIS NEWTON POLICE DEPTA 07/25/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00