

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/04/2020	Time of Crash 13:07 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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:				
Route# Direction Name of Roadway/Street At			SOUTH 44 HARRINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ 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 200000424		
License # --- St MA DOB/Age ---			Reg # 4RB479 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make VOLKS Veh Config. 2					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner ADRIANZA ADELSON			Address 113 WASHINGTON ST					
Operator ADRIANZA KARL M			City BOSTON State MA Zip 02115			City NEWTON State MA Zip 02458					
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			10 Undercarriage		
Citation # (If Issued) _____			Driver Contributing Code 20 24 24			Underride/Override 25 Towed Y			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								
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			-----					
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 NH DOB/Age ---			Reg # 1921471 Reg Type PAN Reg State NH			Veh Year 2013 Veh Make TOYOTA Veh Config. 2					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____					
Operator CONNELLY ROBERT G			City INTERVALE State NH Zip 08945			City _____ State _____ Zip _____					
Insurance Company GEICO			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			10 Undercarriage		
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								
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			-----					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

harrington st

Unit 1

Unit 2

NOT TO SCALE

washington st

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

ON 8-4-20 AT APPROX. 1307HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WASHINGTON ST AND HARRINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON WASHINGTON ST. HE LOOKED AT HIS G.P.S. AND WHEN HE LOOKED UP HE WAS UNABLE TO AVOID HITTING VEHICLE #2. DRIVER OF VEHICLE #2 STATES HE WAS STOPPED AT THE STOP SIGN AT HARRINGTON AND WASHINGTON. HE STATES WHILE STOPPED HE WAS HIT IN LEFT FRONT SIDE BY VEHICLE #1. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2 HAD EXTENSIVE FRONT END DAMAGE AND WAS ALSO TOWED BY TODYS. DRIVER #1 REPORTS NO INJURIES. DRIVER #2 HAD A BLOODY NOSE. BOTH PARTIES WERE EXAMINED BY MEDICS AND SIGNED PATIENT REFUSAL. WHILE CRASHING THE VEHICLE MOTION TOOK THEM ONTO THE SIDEWALK AT THE CORNER OF HARRINGTON AND WASHINGTON. OWNER OF 45 HARRINGTON REPORTS DAMAGE TO HIS FRONT BUSHES AND A SMALL TREE. THERE WAS A CITY

(Continued on next page)

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NGUYEN, HENRY,	45 HARRINGTON ST. NEWTON, MASSACHUSETTS 0	617-775-2053	97	FRONT BUSHES AND TREE
, CITY OF NEWTON,	1000 COMMONWEALTH AVE. NEWTON, MASSACHUSETTS 0	617-796-1000	3	STREET SIGN

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

