

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/31/2020	Time of Crash 09:06 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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			EAST 769 WATERTOWN ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11 3			
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000488	
License # --- St MA DOB/Age ---			Reg # 638XK5 Reg Type PAN Reg State MA			Veh Year 2013 Veh Make CHRYSLER Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment			Owner LUONG KIET			Address 774 WATERTOWN ST			12 1	
Operator LUONG PEILING D			City NEWTON State MA Zip 02460			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)	
Address 774 WATERTOWN ST			Insurance Company COMMERCE			Event Sequence 1 22 22 22 22			2 3 4	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 18 24 24			5 11 Totaled	
Underride/Override 25 Towed Y			Please fill out for operator and all occupants involved			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 4 0 0 10 1			NONE	
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 # 2B5740 Reg Type MCN Reg State MA			Veh Year 2017 Veh Make KAWASAKI Veh Config. 3 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment			Owner (Same as operator)			Address _____				
Operator TOSHKIN LAZAR S			City RANDOLPH State MA Zip 02368			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Address 5 BLAKELY CIR			Insurance Company GEICO			Event Sequence 1 22 22 22 22			2 3 4	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage	
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Underride/Override 25 Towed Y			Please fill out for operator and all occupants involved			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			5 5 4 0 0 10 1			NONE	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

769 watertown st

Unit 1

Unit 2

774 watertown st driveway

← N →

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:

ON 8-31-20 AT APPROX. 0906HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 774 WATERTOWN ST I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS EXITING HER DRIVEWAY FROM 774 WATERTOWN ST. HER VISIBILITY WAS OBSTRUCTED BY THE CITY OF NEWTON ROAD CREW WHO WAS WORKING IN FRONT OF 794 WATERTOWN ST. AS SHE EDGED OUT SHE WAS HIT ON THE LEFT SIDE QTR. PANEL BY VEHICLE #2. VEHICLE #2 DRIVER STATES HE WAS TRAVELING E-BOUND ON WATERTOWN ST. WHILE TRAVELING HE DID NOT SEE VEHICLE #1 UNTIL IT WAS TOO LATE TO AVOID HITTING HER IN THE LEFT SIDE. VEHICLE #1 HAD LEFT SIDE QTR. PANEL DAMAGE. VEHICLE #2 HAD FRONT END DAMAGE AND WAS TOWED BY TODYS. BOTH PARTIES REPORTED NO INJURIES AND SIGNED PATIENT REFUSALS. BOTH PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH NEWTON POLICE DEPTA 08/31/2020

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

CDP1 11 -24:00