

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/19/2020		Time of Crash 13:20 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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	
EAST WASHINGTON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
NORTH CENTRE ST BRIDGE Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N S E W] of _____ Landmark _____								4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000535						3	
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator MARGOSIAN CHARLIE Last First Middle Address 127 BOSTON POST RD (apt. 1) City WAYLAND State MA Zip 01778 Insurance Company GEICO				Reg # 1888EC Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 8 7 6 10 Undercarriage 5 11 Totaled								12	
Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? N Citation # (If Issued) _____ 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 ----- --- 1 4 99 0 0 10 1 								13	
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												4	
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator YUN WON K Last First Middle Address 207 CHESTNUT AVE (apt. 2) City JAMAICA PL State MA Zip 02130 Insurance Company TOKIO AMERICAN MARINE				Reg # 2BJD34 Reg Type PAN Reg State MA Veh Year 2020 Veh Make LEXUS Veh Config. 2 20 Owner POST MOTORS INC Last First Middle Address 330 ARSENAL ST City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N 8 7 6 10 Undercarriage 5 11 Totaled								8	
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre St bridge

Unit 1

Unit 2

Washington St

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 September 19th, 2020 at approximately 13:20 hours while assigned to N491 I responded to a report of a two car MV crash at the intersection of Washington St(E/B) at the Centre St bridge(N/B).

On my arrival I spoke with operator #1, Charlie Margosian. He reported first going E/B on Washington St in the lane for traffic to veer left towards the Centre St bridge when MV #2 entered his lane from his right (passenger side) striking his vehicle from his front to his rear on the passenger side.

Operator #2 identified as Won K.Yun was heading E/B on Washington St in a lane that was for straight ahead traffic when he signaled to make a lane change to go towards the Centre St bridge when he collided with vehicle #1. He never saw vehicle #1 prior to changing lanes.

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 J MCCARTHY

NEWTON POLICE DEPT

09/19/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date