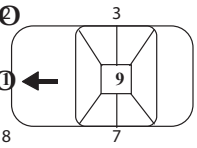
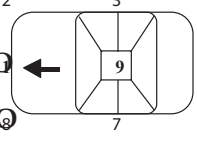


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/19/2020		Time of Crash 06:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div><div>NORTH DEDHAM ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>SOUTH PARKER ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000601					
License # --- St MA DOB/Age ---				Reg # 1BJT28 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment				Veh Year 2013 Veh Make HOND Veh Config. 1 20									
Operator WILBER SAMUEL				Owner (Same as operator)									
Address 622 LONG POND RD1				Address									
City PLYMOUTH State MA Zip 02360				City State Zip									
Insurance Company NGM				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2									
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
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 3 4 0 0 10 1					
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 # 9BW163 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2012 Veh Make LEXS Veh Config. 1 20									
Operator NGU PHUONG KIM				Owner (Same as operator)									
Address 35 FULTON				Address									
City MALDEN State MA Zip 02148				City State Zip									
Insurance Company ARBELLA				Vehicle Action Prior to Crash 4 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 2									
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
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 4 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

DEDHAM STREET

PARKER STREET

STOP

← 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:

The Operator of vehicle 1 stated he was traveling North on Dedham Street when vehicle 2 began to turn onto Dedham Street from Parker Street and crashed into him. This caused major damage to vehicle 1.

The Operator of vehicle 2 stated she was stopped at the stop sign at the intersection of Dedham Street and Parker Street, she looked both ways and thought it was safe to turn left onto Dedham Street. She pulled out, began turning and crashed into vehicle 1. This caused major damage to vehicle 2.

Both parties were evaluated by Cataldo Medics and signed medical refusals.

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 BANNON NEWTON POLICE DEPT 10/19/2020

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

CDP1 11 -24-00