

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/13/2020	Time of Crash 15:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>25</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:					
EAST BEACON ST										
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
SOUTH CENTRE ST			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000654	
License # --- St <u>CA</u> DOB/Age ---			Reg # <u>5KJJ026</u> Reg Type <u>PAS</u> Reg State <u>CA</u>			Veh Year <u>2004</u> Veh Make <u>ACURA</u> Veh Config. <u>2</u>				
Sex <u>M</u> Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year <u>2004</u> Veh Make <u>ACURA</u> Veh Config. <u>2</u>			Owner (Same as operator)				
Operator <u>KIM BYUNGMOO BRIAN</u>			Address _____			City _____ State _____ Zip _____				
Address <u>6735 CREST RD</u>			Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			10 Undercarriage	
City <u>RANCHO PALOS VERDES</u> State <u>CA</u> Zip <u>90275</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>4</u> <u>24</u> <u>3</u> <u>24</u>			11 Totaled	
Insurance Company <u>UNKNOWN</u>			Underride/Override <u>25</u> Towed <u>Y</u>			Citation # (If Issued) <u>T2080650</u>				
Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Please fill out for operator and all occupants involved			Violation 1: Ch <u>89/8</u> Sec _____ Violation 2: Ch <u>19/75</u> Sec _____				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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 ----- --- --- 99 3 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # --- St <u>MA</u> DOB/Age ---			Reg # <u>EV905E</u> Reg Type <u>PAS</u> Reg State <u>MA</u>			Veh Year <u>2018</u> Veh Make <u>TESLA</u> Veh Config. <u>1</u>				
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year <u>2018</u> Veh Make <u>TESLA</u> Veh Config. <u>1</u>			Owner (Same as operator)				
Operator <u>MENG RONG</u>			Address _____			City _____ State _____ Zip _____				
Address <u>39 DRABBINGTON WAY</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			10 Undercarriage	
City <u>WESTON</u> State <u>MA</u> Zip <u>02493</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			11 Totaled	
Insurance Company <u>PROGRESSIVE DISTRICT INSURANCE</u>			Underride/Override <u>25</u> Towed <u>Y</u>			Citation # (If Issued) _____				
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Please fill out for operator and all occupants involved			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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 ----- --- --- 99 3 99 0 0 9 2			NWH	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Mv#1 operator stated he was travelling on Centre St S/B approaching the Beacon St intersection. #1 stated he was in the left lane turning left and had a green light. #1 stated the light turned yellow before he turned. At this time, #1 struck Mv#2 that was travelling straight ahead on Centre St N/B. #1 sustained heavy driver's side front end damage with airbag deployment. #1 was not injured.

#2 operator stated she was travelling on Centre St N/B in the right lane going straight through the Beacon St intersection on a green light. #2 stated she was struck on her driver's broadside by #1 that turned left into her. #2 sustained heavy driver's broadside and front end damage with airbag deployment. #2 was very shaken up and transported by medics to NWH for evaluation.

The scene remained active for a period time as the collision occurred near the middle of the intersection

(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

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	11/13/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Date

CDP1 11 -24-00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

during heavy traffic. Officers were required to safely direct traffic and pedestrians to avoid further accidents. As a result, no citation was written on scene. #1 was advised he would receive a citation in the mail. Both MVs towed by Tody's.

Court/RMV citation processing note: #1 operator student/temporary residence was added to the bottom of the citation.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

11/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date