

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/20/2020		Time of Crash 16:22 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:						9	
Route# Direction Name of Roadway/Street At				EAST 400 WASHINGTON 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 _____								2 10 11 4	
1 3		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000665	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LAI CHENCHEN Address 175 CENTRE ST (apt. 1521) City QUINCY State MA Zip 02169 Insurance Company GEICO Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 8SN765 Reg Type PAN Reg State MA Veh Year 2018 Veh Make BMW Veh Config. 2 20 Owner DI HUANG Address 31 LIBERTY ST City NATICK State MA Zip 01760 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 10 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled								12	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13	
Operator See Above				---								1	
QIN, SHIMIAO				31 LIBERTY ST NATICK, MA 01760 F 3 99 4 99 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 NH DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator KINVILLE BRIANNA Address 39 BROADWAY City AMHERST State NH Zip 03031 Insurance Company UNKNOWN Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 21H22 Reg Type PAN Reg State NH Veh Year 2008 Veh Make VOLVO Veh Config. 1 20 Owner KINVILLE BRUCE Address 65 BERKELEY ST City NASHUA State NH Zip 03064 Vehicle Action Prior to Crash 1 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 10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									
Operator/Non-Motorist See Above				---									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

400 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 Friday 11/20/2020 at approx 1622hrs, while assigned to N494, I responded to 400 Washington St for a 2 car MVA. Operator of MV1 stated that she was trying to merge into the far right lane when she hit the driver side of MV2 which was traveling straight in the far right lane(right turn only lane).

Operator of MV2 states that she was driving in the far right lane to turn onto Park St when MV1, on her left side, collided with the driver side of her vehicle.

All parties stated they suffered no injuries.

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

KEVIN DURICKAS

NEWTON POLICE DEPART

11/20/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date