

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 12/04/2020		Time of Crash 16:12 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	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 447 CENTRE 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 2								
1 3		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 200000704														
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ZHANG YINGYU Address 46 HILLSIDE DR City SHREWSBURY State MA Zip 01545 Insurance Company GEICO				Reg # 7PJ759 Reg Type PAN Reg State MA Veh Year 2006 Veh Make SUBA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 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 11 Totaled								12								
5 1				6 1				Please fill out for operator and all occupants involved						13 1						
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 4 99 0 0 10 1 N/A																
7 1				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																
8 4				License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator QUINN KELLY Address 13 WILLARD ST City DEDHAM State MA Zip 02026 Insurance Company LIBERTY MUTUAL 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 # 2RN321 Reg Type PAN Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 2 20 Owner QUINN KIMBERLY Address 572 (apt. 102) FREEPORT ST City BOSTON State MA Zip 02122 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled								
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				Operator/Non-Motorist See Above --- 99 4 99 0 0 10 1 N/A																
QUINN, KIMBERLY 572 FREEPORT ST (apt 102) BOSTON, MA 02122				QUINN, KIMBERLY 572 FREEPORT ST (apt 102) BOSTON, MA 02122 F 3 99 4 99 0 0 9 1 N/A																
QUINN, SAMANTHA 176 BEACON ST (apt 3) BOSTON, MA 02467				QUINN, SAMANTHA 176 BEACON ST (apt 3) BOSTON, MA 02467 F 6 99 4 99 0 0 9 1 N/A																

## Commonwealth of Massachusetts

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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ Route# Intersecting Roadway/Street _____							
			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000704	
License # --- St MA DOB/Age ---			Reg # 78E860 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL GEICO			Veh Year 2012 Veh Make VOLK Veh Config. 2 20							
Operator OUALI HICHAM			Owner (Same as operator)							
Address 36 RIVER ST (apt. 251)			Address							
City WALTHAM State MA Zip 02453			City State Zip							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N S X W] Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 5 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			8 7 6				
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			-----			99 4 99 0 0 10 1			N/A	
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License # --- St DOB/Age ---			Reg # Reg Type Reg State							
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20							
Operator Last First Middle			Owner Last First Middle							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence 22 22 22 22			2 3 4				
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Operator/Non-Motorist See Above			-----							

→ 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:**

On Friday 12/4/2020 at approx 1612hrs I responded to the area of 447 Centre St in Newton for a 3 car MVA.

Operator of MV1 states she was at a stop in traffic when MV2 hit her vehicle from behind. She said she was not injured.

Operator of MV2 states that she was stopped in traffic when MV3 struck her vehicle from behind. The force of the collision caused her vehicle to collide into MV1.

Operator of MV3 stated that he was travelling straight ahead when he saw MV2 at a stop. He said he "did not have enough time to stop."

**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 DEPT      12/04/2020

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

CDP1 11 -24:00