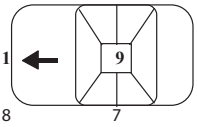
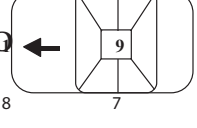


Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|---|--------------------------------|---------------------|---|--|-----------------------------|---|--|---|---|--|
| Date of Crash 12/07/2020 | Time of Crash 17:12 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>25</u> Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____ | | |
| AT INTERSECTION: | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | 275 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 200000712 | |
| License # _____ St MA DOB/Age _____ | | | Reg # RS76SZ | | | Reg Type PAN | | | Reg State MA | |
| Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ | | | Veh Year 2018 | | | Veh Make JEEP | | | Veh Config. <u>2</u> <u>20</u> | |
| Operator SILVERMAN ABIGAIL M | | | Owner SILVERMAN ALAN | | | | | | | |
| Address 130 LITTLEFEILD LANE | | | Address 130 LITTLEFEILD LAN | | | | | | | |
| City MARLBOROUGH State MA Zip 01752 | | | City MARLBOROUGH State MA Zip 01752 | | | | | | | |
| Insurance Company PLYMOUTH ROCK INSURANCE | | | Vehicle Action Prior to Crash <u>2</u> <u>21</u> | | | Damaged Area Code: (Circle Up to Three) | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | | 2 3 4 | | | 10 Undercarriage | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>1</u> <u>23</u> | | |  | | | 11 Totaled | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed <u>N</u> | | | | | | | |
| 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 4 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 MA DOB/Age _____ | | | Reg # 1TMT81 | | | Reg Type PAN | | | Reg State MA | |
| Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ | | | Veh Year 2013 | | | Veh Make PORS | | | Veh Config. <u>2</u> <u>20</u> | |
| Operator CHEN ZHICHAO | | | Owner LIN YOUNG | | | | | | | |
| Address 49 CHURCH ST | | | Address 49 CHURCH ST | | | | | | | |
| City HUDSON State MA Zip 01749 | | | City HUDSON State MA Zip 01749 | | | | | | | |
| Insurance Company PLYMOUTH ROCK INSURANCE | | | Vehicle Action Prior to Crash <u>2</u> <u>21</u> | | | Damaged Area Code: (Circle Up to Three) | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | | 2 3 4 | | | 10 Undercarriage | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>1</u> <u>23</u> | | |  | | | 11 Totaled | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>19</u> <u>24</u> <u>24</u> | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed <u>N</u> | | | | | | | |
| 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 1 1 0 0 10 1 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON ST

Unit 1 Unit 2

RT 90 W ON RAMP

RT 90 OFF RAMP

WASHINGTON ST

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:

State police was on scene first and called for a tow. Mv 1 stated she was stopped at the red light on washington st. MV 2 stated he was not paying attention to the flow of traffic and rear ended mv1. MV2 had air bag deployment. State had already called for a tow. Perfection towed mv2. All parties had 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