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|--|--|----------------------------------|-------------------------------|--|--|---|---------------------|--|---------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 12/09/2020 | | Time of Crash 18:42 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 1 | Number Injured 0 | Speed Limit 25 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 | |
| EXECUTIVE PARK DR | | | | | | | | | | | | 2 | |
| Route# Direction Name of Roadway/Street | | | | At | | Route# Direction Address # Name of Roadway/Street | | | | | | 10 | |
| WEST WASHINGTON ST | | | | | | Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Also at Intersection with | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | 11 | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | Landmark | | | | | | 1 | |
| <input checked="" type="checkbox"/> Vehicle 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 200000720 | | | | | | | |
| License # --- St PA DOB/Age --- | | | | Reg # KHW9250 Reg Type PAS Reg State PA | | | | | | | | | |
| Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2015 Veh Make MERZ Veh Config. 1 20 | | | | | | | | | |
| Operator MAO ANTHONY J | | | | Owner MAO YINGQUN | | | | | | | | 12 | |
| Address 224 PHEASANT RUN DR | | | | Address 224 PHEASANT RUN DR | | | | | | | | | |
| City PAOLI State PA Zip 19301 | | | | City PAOLI State PA Zip 19301 | | | | | | | | | |
| Insurance Company STATE FARM | | | | Vehicle Action Prior to Crash 1 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? N | | | | Event Sequence 10 22 20 22 22 22 | | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 20 23 | | | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 99 24 24 | | | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 | |
| 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 | | | | 10 | |
| Operator See Above | | | | ----- | | | | 1 3 4 0 0 10 1 | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age --- | | | | Reg # Reg Type Reg State | | | | | | | | | |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | | Veh Year Veh Make Veh Config. 20 | | | | | | | | | |
| Operator _____ | | | | Owner _____ | | | | | | | | | |
| 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 | | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 23 | | | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 24 24 | | | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed _____ | | | | | | | | | |
| 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 | | | | ----- | | | | ----- | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Executive Park Drive

MV#1

Snow

Indicate North by Arrow

☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

If Crash Did Not Occur on a Public Way:

Crash Narrative:

The OP. of MV#1 states while traveling westbound on Washington Street, he struck a snow pile at the corner of Executive Park Drive and lost control of his vehicle. His vehicle then slid along the curb before coming to a stop.

A patient refusal was signed with the Medics. MV1 was towed by Todys.

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