

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/08/2021	Time of Crash 07:06 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	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"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
<b>1 EAST FARWELL ST</b>										
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
<b>2 SOUTH NORTH ST</b>										
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 _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street				Landmark			
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000012	
License # --- St MA DOB/Age ---			Reg # 4SV898 Reg Type PAN Reg State MA							
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year _____ Veh Make HONDA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20							
Operator WU GUO			Owner (Same as operator)							
Address 5 OLCOTT ST			Address _____							
City WATERTOWN State MA Zip 02472			City _____ State _____ Zip _____							
Insurance Company GEICO GENERAL INS			Vehicle Action Prior to Crash <input type="checkbox"/> 4 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 3 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 3 <input type="checkbox"/> 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N							
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 99 0 0 10 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 1 <input type="checkbox"/> 14			Action <input type="checkbox"/> 2 <input type="checkbox"/> 15			Location <input type="checkbox"/> 2 <input type="checkbox"/> 16	
License # --- St DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____							
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20							
Operator PANZA ANNA			Owner _____							
Address 72 TAFT AVE			Address _____							
City NEWTON State MA Zip 02465			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23			5 11 Totaled				
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 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			8 2 NWH							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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:**

Operator of MV1 stated they were traveling Southbound on North St. and attempted to take a left Eastbound onto Farwell St. Operator of MV1 stated they hit a pedestrian with the left front end of their vehicle at the intersection. Operator of MV1 stated they did not see the pedestrian attempting to cross the street. There was minor surface damage to the left front end of the vehicle.

Pedestrian 1 stated they were attempting to walk across at the intersection of Farwell St. @ North St. when MV1 struck them in their left hip causing them to fall down. Pedestrian 1 was wearing a green shirt and gray pants.

Pedestrian 1 was transported by Waltham EMS to Newton-Wellesley Hospital.

Pictures of the scene were taken and submitted to the IT Bureau.

**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