

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 02/10/2021	Time of Crash 17:39 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
SOUTH QUINOBEQUIN												
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									
At			Feet N S E W of _____ • _____ or _____				Mile Marker Exit Number					
WEST WASHINGTON ST												
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street					
Also at Intersection with												
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000099			
License # --- St MA DOB/Age ---			Reg # 6NB938 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2012 Veh Make MAZDA Veh Config. 1 20									
Operator LIN SHIRLEY			Owner CHAN HIU									
Address 95 LINWOOD AVE			Address 96 LINWOOD AVE									
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02460									
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 1 24 24			5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			6						
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			
Operator			See Above			99			99			
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 MA DOB/Age ---			Reg # 2960HI Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2009 Veh Make HONDA Veh Config. 1 20									
Operator CHEN ANTHONY			Owner CHEN JINXUAN									
Address 2096 WASHINGTON ST			Address 2096 WASHINGTON ST									
City NEWTON State MA Zip 02462			City NEWTON State MA Zip 02462									
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E 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 19 24 24			5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			6						
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			
Operator/Non-Motorist			See Above			99			1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington Street

Quinobequin Rd

Unit 1

Unit 2

Walnut 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

N

**Crash Narrative:**

The operator of vehicle 1 stated she was traveling east on Washington Street through the intersection of the on/off ramps of 128 as well as Quinobequin rd. As she traveled through the intersection vehicle 2 took a left turn in front of her and crashed into the front left drivers side of her vehicle. This caused major damage.

The driver of vehicle 2 stated he was waiting to turn left onto Quinobequin Rd while oncoming traffic proceeded through the intersection, when he thought it was clear he took the left turn. He then crashed into vehicle 1 which he did not see. This caused major damage to vehicle 2.

Both parties signed medical refusals.

Both vehicles were 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

**THOMAS BANNON**      **NEWTON POLICE DEPT**      **02/10/2021**

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

CDP1 11 -24:00