

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/22/2021		Time of Crash 07:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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	
EAST BEACON ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____								2 10	
SOUTH LANGLEY RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	
Route# Direction Name of Intersecting Roadway/Street												3	
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000141					
License # --- St MA DOB/Age ---				Reg # 8VT379 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make CHEVY Veh Config. 2 20									
Operator SOSSONG SARAH Last First Middle				Owner SOSSONG ANTHONY Last First Middle									12
Address 6 NEWBURY TERRACE				Address 6 NEWBURY STREET									
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02459									
Insurance Company UNITED SERVICES				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) T2013285				Most Harmful Event 1 23									
Violation 1: Ch 90/9 Sec Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 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									1
Operator See Above				1 4 99 0 0 10 1									
SOSSONG, MARCUS 6 NEWBURY TERRACE NEWTON, MA 02459				6 4 4 99 0 0 10 1									
SOSSONG, LUCIAN 6 NEWBURY STREET NEWTON, MA 02459				7 1 4 99 0 0 10 1									
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 XX DOB/Age ---				Reg # 5KR652 Reg Type PAN Reg State MA									
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2008 Veh Make HONDA Veh Config. 1 20									
Operator GARCIA MARIO Last First Middle				Owner GARCIA-GUEVARA ESTUARDO Last First Middle									
Address 60 CHESTNUT STREET				Address 60 CHESTNUT STREET									
City CHELSEA State MA Zip 02150				City CHELSEA State MA Zip _____									
Insurance Company PILGRIM INSURANCE				Vehicle Action Prior to Crash 1 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									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 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/Non-Motorist See Above				1 2 1 0 0 10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Langley Road

Sumner Street

Beacon Street

Motor Vehicle 1

Motor Vehicle 2

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:

Motor vehicle 1 (MV1) was traveling eastbound on Beacon street, crossing though the intersection of Langley Rd., when motor vehicle 2 (MV2), which was traveling southbound on Langley Rd. also attempted to cross through the intersection, and crashed into MV1. It should be noted that the traffic lights at the Beacon St. and Langley Rd. intersection were on flash at the time of the crash. MV1 had a blinking yellow light, while MV2 had a blinking red light. As a result of the crash, MV1 sustained moderated front end damage, while MV2 sustained moderate passengers side damage.

MV1 was towed by Tody's. No injuries were reported on scene. Operator of MV2 had an active Guatemalan license (License #110171027000127)

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

ALEXANDER COLETTI	28070	NEWTON POLICE DEPART	02/22/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00