

# Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 04/10/2021	Time of Crash 21:47 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report	Number Vehicles 2
				Number Injured 0	Speed Limit 25 Latitude Longitude
					State Police Local Police MBTA Police Other:
AT INTERSECTION:		< LOCATION >		NOT AT INTERSECTION:	
SOUTH CENTRE ST					
Route# Direction		Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street	
At				Feet N S E W of Mile Marker Exit Number	
NORTH WALNUT ST					
Route# Direction		Name of Intersecting Roadway/Street		Feet N S E W of	
Also at Intersection with				Route# Intersecting Roadway/Street	
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		210000254	
License # --- St MA		DOB/Age ---		Reg # 5HM254 Reg Type PAN Reg State MA	
Sex F Lic. Class D 18 18		Lic. Restrictions B 19 CDL		Veh Year 2015 Veh Make HONDA Veh Config. 1 20	
Operator KWAK SUKYOUNG		Endorsment		Owner (Same as operator)	
Address 485 MOUNT AUBURN ST (apt. 3)				Address	
City WATERTOWN State MA Zip 02472				City State Zip	
Insurance Company ARBELLA				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 1 9 10 Undercarriage	
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24 5 11 Toted	
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y 7 6	
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	
Operator See Above		99 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 MA		DOB/Age ---		Reg # 1GLV13 Reg Type PAN Reg State MA	
Sex M Lic. Class D 18 18		Lic. Restrictions 1 19 CDL		Veh Year 2018 Veh Make KIA Veh Config. 1 20	
Operator OBRIEN MICHAEL FRANCIS		Endorsment		Owner (Same as operator)	
Address 63 CUMMINGS RD				Address	
City NEWTON State MA Zip 02459				City State Zip	
Insurance Company GEICO				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4	
Citation # (If Issued)				Most Harmful Event 1 23 1 9 10 Undercarriage	
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24 5 11 Toted	
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Please fill out for operator and all occupants involved				13	
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Operator/Non-Motorist See Above		99 4 99 0 0 10 1			



