

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 04/21/2021	Time of Crash 14:27 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Other:						
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
NORTH BRIDGE ST Route# Direction Name of Roadway/Street At WEST CALIFORNIA ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# 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 2100000278			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator QIU ALAN Address 84 HAMILTON AVE City N QUINCY State MA Zip 02171 Insurance Company PLYMOUTH ROCK INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Reg # 98VC39 Reg Type PAN Reg State MA Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20 Owner TAN JIE MING Address 84 HAMILTON AVENUE City QUINCY State MA Zip 02171 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed N 6									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- 3 4 99 0 0 10 1 NONE									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator COPPOLA ROBERT CHRISTOPHER Address 29 WILSHIRE STREET (apt. 1) City WINTHROP State MA Zip 02152 Insurance Company ACE AMERICAN INSURANCE COMPANY Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Reg # T74064 Reg Type CON Reg State MA Veh Year 2019 Veh Make FRHT Veh Config. 6 20 Owner OLYMPIA MOVERS Address 17 BRIDGE ST City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed N 6									
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- 3 4 99 0 0 10 1 NONE									
COLON-OQUENDO, JUAN			87A MELENDY AVENUE WATERTOWN, MA 02472			---			M 3 3 4 99 0 0 10 1 NONE			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Bridge Street

California Street

Unit 2

P.O.I.

Unit 1

→ N →

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:**

Operator of Motor Vehicle #1 stated he was on California Street Westbound in the right turn only lane attempting to turn right (Northbound) onto Bridge Street. Operator of Motor Vehicle # 1 stated that Motor Vehicle #2 was in the left lane next to him and took a wide turn onto Bridge Street and struck the front end of his vehicle causing moderate front end damage.

Operator of Motor Vehicle # 2 stated that he was traveling Westbound on California Street and was taking a right turn onto Bridge Street. Operator of Motor Vehicle #2 stated that he had his right turn signal on and was in both lanes due to the box truck having to make a wide turn. Operator of motor vehicle #2 stated that motor vehicle #1 ignored his turn signal and squeezed in the right lane in an attempt to make a right turn onto Bridge Street. Motor vehicle number #2 sustained minor drivers side damage.

(Continued on next page)

**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 # T74064 (From Vehicle Section)

Carrier Name OLYMPIA STROAGE COMPANY Carrier Issuing Authority Code 35

Address 17 BRIDGE STREET City WATERTOWN St MA Zip 02472

US DOT #: 597632 State Number \_\_\_\_\_ Issuing State MASSA ICC #: \_\_\_\_\_ Interstate 2 36

Cargo Body Type Code 6 37 Gross Vehicle Weight 2 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

ZOI H LAZARAKIS

NEWTON POLICE DEPART

04/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

