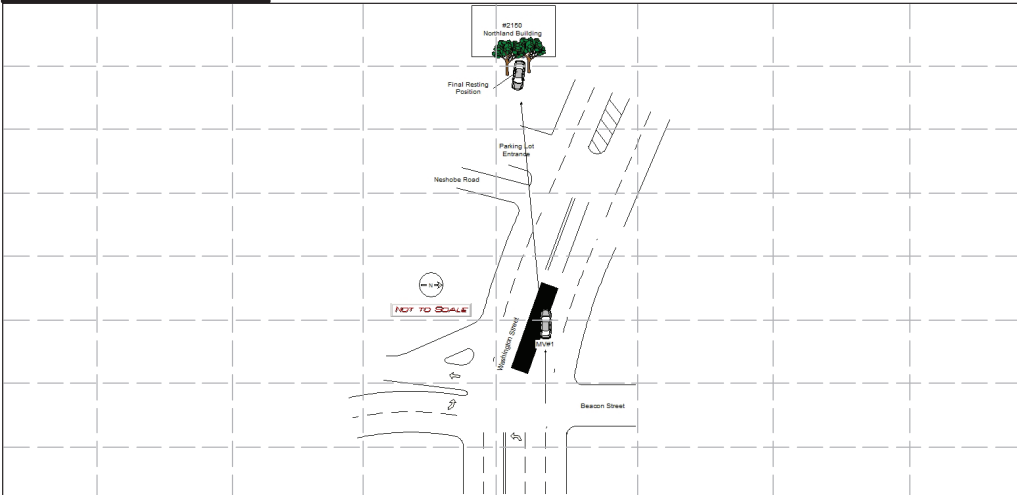


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/12/2021		Time of Crash 21:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				WEST 2150 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000340						3	
License # --- St MA DOB/Age ---				Reg # 1PRP33 Reg Type PAN Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Endorsement				2	
Operator BASS MICHAEL ALAN Last First Middle				Veh Year 2020 Veh Make TESLA Veh Config. 1 20				Owner (Same as operator) Last First Middle				12	
Address 146 FIELDSTONE RD				Address _____								1	
City WESTWOOD State MA Zip 02090				City _____ State _____ Zip _____								5	
Insurance Company BANKERS STANDARD INS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 20 22 23 22 21 22 22				10 Undercarriage				20	
Citation # (If Issued) T2014846				Most Harmful Event 20 23				5 11 Totaled					
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch 90/17G Sec _____				Driver Contributing Code 2 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												7	
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement				8	
Operator _____ Last First Middle				Veh Year _____ Veh Make _____ Veh Config. 20				Owner _____ Last First Middle				3	
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____									
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian  
ie: → 1 → 2 →

#### 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:

The OP. of MV#1 stated while traveling westbound on Washington Street, just passing Beacon Street, his vehicle suddenly struck a curb and he lost control of the vehicle. He ended up on the lawn of the Northland Building at 2150 Washington Street.

Based on the accident scene, it appears that MV#1 went over the median on Washington Street, took down a city sign, hit the corner of Neshobe Road and the driveway into 2150 Washington Street which formed a ramp that launched his vehicle into the air. MV#1 spun around somehow and was now facing eastbound before the rear of the vehicle was wedged between a tree and a mound of dirt. Final resting position of MV#1 is approx. 250 feet from the median first struck.

The operator of MV1 was transported to Newton-Wellesley Hospital for a head laceration and other unknown

(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
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS		3	KEEP RIGHT SIGN
, NORTHLAND,	2150 WASHINGTON ST NEWTON, MASSACHUSETTS		97	STOP SIGN, LAWN, TREES

#### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Cargo Body Type Code 37 Gross Vehicle Weight 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

RAYMOND H CHIEU

NEWTON POLICE DEPARTMENT

05/12/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

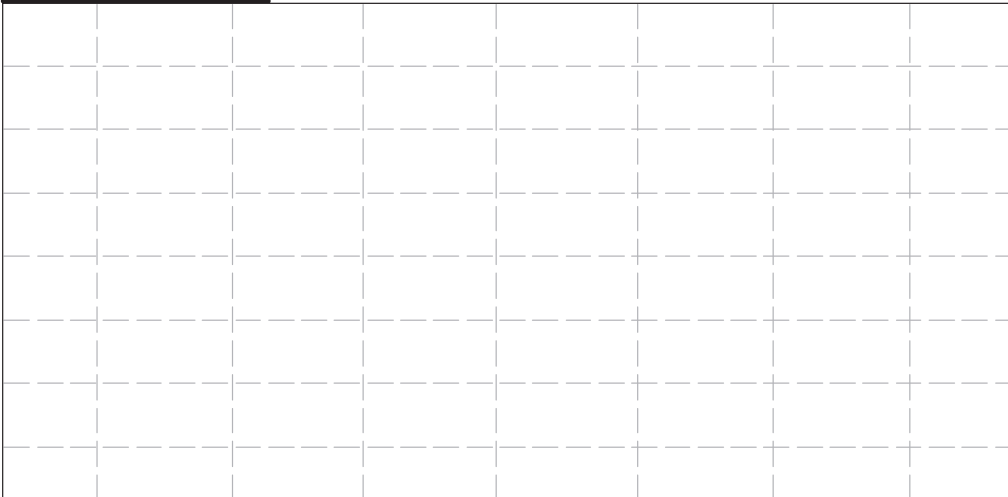
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 2 →



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:**

injures. Vehicle was towed from the scene by todys with major damage all over the vehicle.  
After reviewing surveillance video, the OP. of MV#1 was mailed MA. citation #T2014846 for violation of MGL Ch  
89 Sec 4A - "Marked lanes violation" and Ch 90 Sec 17 - "Speed greater than reasonable."

**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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Cargo Body Type Code 37 Gross Vehicle Weight 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

RAYMOND H CHIEU

NEWTON POLICE DEPART

05/12/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



