

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/14/2021	Time of Crash 08:27 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30 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:					
<div><div><div>NORTH</div><div>CHESTNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>COMMONWEALTH AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div><div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div></div>										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					Case Number 210000347					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator CHEN MEEFONG Address 1321 WASHINGTON ST City NEWTON State MA Zip 02465 Insurance Company PLYMOUTH ROCK					Reg # 236WZ5 Reg Type PAN Reg State MA Veh Year 2017 Veh Make SUBARU Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y					
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					<div><div>10 Undercarriage 5 11 Totaled</div></div>					
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 See Above ----- --- 1 4 4 0 0 9 2 NEWTON WELLESLEY										
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator TEPERMEISTER SOPHIA Address 20 OAKVALE RD City NEWTON State MA Zip 02468 Insurance Company COMMERCE					Reg # 87YD70 Reg Type PAN Reg State MA Veh Year 2005 Veh Make TOYOTA Veh Config. 2 20 Owner LEVY DIANE Address 20 OAKVALE RD City NEWTON State MA Zip 02468 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y					
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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 4 4 0 0 10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

commonwealth ave

chestnut 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

○

Crash Narrative:

ON 5-14-21 AT APPROX. 0827HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF COMM AND CHESTNUT I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING N-BOUND ON CHESTNUT STOPPED AT THE RED LIGHT. WHILE STOPPED SHE WAS HIT IN THE REAR BY VEHICLE #2. VEHICLE #2 STATES SHE WAS TRAVELING N-BOUND ON CHESTNUT ST. STOPPED AT THE RED LIGHT. DRIVER STATES HER GPS UNIT FELL TO THE FLOOR AND SHE WENT TO PICK IT UP. STATES SHE SAW THE TRAFFIC MOVE OUT OF THE CORNER OF HER EYE SO SHE ACCELERATED. WHEN SHE REALIZED THE TRAFFIC WAS NOT MOVING SHE WAS UNABLE TO AVOID HITTING VEHICLE #1. VEHICLE #1 HAD RIGHT REAR END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2 HAD FRONT END DAMAGE BUT WAS STILL OPERATIONAL. DRIVER #1 WAS TRANSPORTED BY MEDIC2 TO NEWTON WELLESLEY HOSPITAL FOR TREATMENT FOR BACK AND NECK PAIN. DRIVER #2 REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED

(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 # _____ (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 P WALSH

NEWTON POLICE DEPART

05/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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CDP1 11 -24:00