

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/20/2021	Time of Crash 17:53 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit <u>25</u> 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:				
SOUTH WALES ST											
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____				
WEST WASHINGTON ST											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000364		
License # _____ St <u>IL</u> DOB/Age _____			Reg # <u>5AW157</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2012</u> Veh Make <u>CHEVY</u> Veh Config. <u>2</u>					
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2012</u> Veh Make <u>CHEVY</u> Veh Config. <u>2</u>			Owner <u>LOPEZ-ZABALETA ANGEL</u> <u>J</u>					
Operator <u>LOPEZ ZABALETA GERSON</u> <u>R</u>			Address <u>8 CLAPP ST</u>			City <u>WORCESTER</u> State <u>MA</u> Zip <u>01610</u>					
Insurance Company <u>QUINCY MUTUAL FIRE</u>			Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>			10 Undercarriage 5 11 Totaled		
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>Y</u>		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					
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 checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>	
License # _____ St <u>MA</u> DOB/Age _____										Reg # <u>1EXL55</u> Reg Type <u>PAN</u> Reg State <u>MA</u>	
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____										Veh Year <u>2014</u> Veh Make <u>AUDI</u> Veh Config. <u>2</u>	
Operator <u>MELTON KIMBERLY</u> <u>A</u>										Owner <u>(Same as operator)</u>	
Address <u>17 DUXBURY RD</u>										Address _____	
City <u>WELLESLEY</u> State <u>MA</u> Zip <u>02481</u>										City _____ State _____ Zip _____	
Insurance Company <u>COMMERCE</u>										Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>										Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>	
Citation # (If Issued) _____										Most Harmful Event <u>1</u> <u>23</u>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Underride/Override <u>25</u> Towed <u>N</u>	
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:

two vehicles collided together.

There are separate signal lights for the traffic on Quinobequin Road southbound. One light is for traffic to continue onto Quinobequin Road or to make a left turn onto Washington Street. A second light is to go towards Wales Street or to make a right curve onto Washington Street.

Both operators signed a medical refusal and will seek medical attention themselves.

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

05/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date