

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/27/2021		Time of Crash 23:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9	
Route# Direction Name of Roadway/Street At				NORTH 236 LINWOOD AVE 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 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000387						2	
License # --- St MA DOB/Age ---				Reg # 1MER78 Reg Type PAN Reg State MA				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				3	
Operator TRINH SYDNEY				Veh Year 2018 Veh Make JEEP Veh Config. 1 20				Owner CHAN MAY				12	
Address 7 CASTLE COURT (apt. C)				Address 708 BEACON PK				City WEBSTER State MA Zip 01570				13	
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)				2	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage				11	
Citation # (If Issued) T2014773				Most Harmful Event 2 23				5 11 Totaled				13	
Violation 1: Ch 90/244 Sec Violation 2: Ch 90/104 Sec				Driver Contributing Code 14 24 24				Underride/Override 25 Towed Y				2	
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 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				---				---					
CHAN, STEPHEN 708 BEACON PARK WEBSTER, MA 01570				---				M 3				NWH	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age ---				Reg # 5TM612 Reg Type PAN Reg State MA				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				20	
Operator _____				Veh Year 2018 Veh Make FORD Veh Config. 1 20				Owner CITY OF NEWTON				1	
Address _____				Address 1321 WASHINGTON STREET				City NEWTON State MA Zip 02465					
Insurance Company _____				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				10 Undercarriage				11	
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch _____ Sec Violation 2: Ch _____ Sec				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N					
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 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				-----				---					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Linwood Ave

236 Linwood Ave

P.O.L.

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Vehicle 1 was traveling north on Linwood Ave. Vehicle 2 was legally parked in front of 236 Linwood Ave. As vehicle 1 approached the area of 236 Linwood Ave. it veered off the road to the east side and collided with the rear of Vehicle 2. There was little to no damage to either vehicle. The operator of Vehicle 1 was unlicensed and believed to be under the influence of liquor. The operator of Vehicle 1 was charged with MGL Ch 90/24/J OUI Liquor and MGL Ch. 90/10/A Unlicensed Operation of a Motor Vehicle. Vehicle 1 was towed from the scene By Tody's. There we no injuries reported.

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