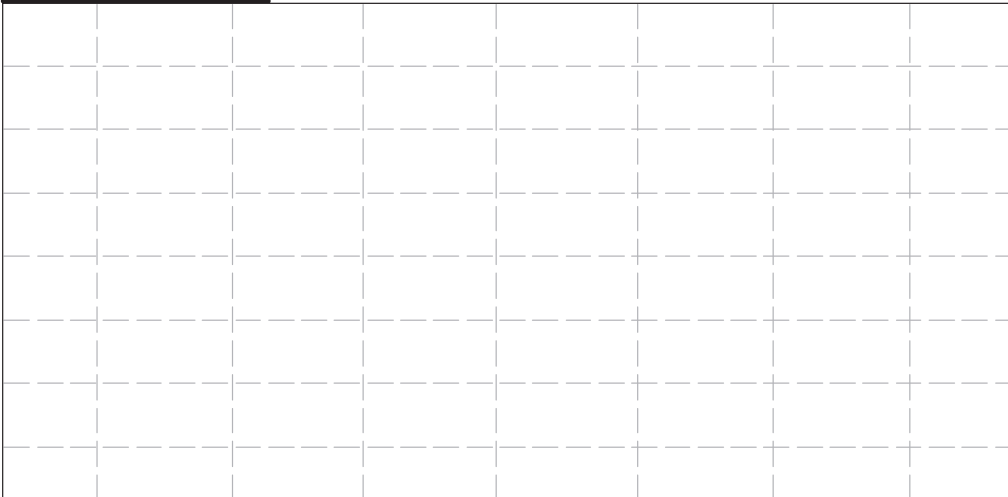


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/31/2021	Time of Crash 00:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
<div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>EAST WASHINGTON STREET</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet X S E W of _____ PARK ST</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000389	
License # --- St MA DOB/Age ---			Reg # 432YL4 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make NISSAN Veh Config. 1				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner LAM-NGUYEN THERESA THO			Address 11 ANDOVER ST				
Operator DANG HAI			City MALDEN State MA Zip 02148			City DANVERS State MA Zip 01923				
Insurance Company LM GENERAL INSURANCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			10 Undercarriage	
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Diagram				
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			---				
NGUYEN, TRAM			11 ANDOVER ST DANVERS, MA 01923			---			NEWTON WELLESLEY H	
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 ---			Reg # 5VK136 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make AUDI Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____				
Operator DASILVA DEIA			City RANDOLPH State MA Zip 02368			City _____ State _____ Zip _____				
Insurance Company INTEGON NATIONAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			10 Undercarriage	
Citation # (If Issued) _____			Driver Contributing Code 11 24 24			Underride/Override 25 Towed Y			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Diagram				
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

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

Both MV1 and MV2 were towed away from the scene by Tody's. Both of the operators retrieved their valuables from their vehicles prior to the vehicles being towed away. Both of the operators did not sustain any injuries. The passenger of MV1 began feeling ill while on scene and was transported to Newton Wellesley Hospital by Fallon Medics.

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

PATRICK DALY

NEWTON POLICE DEPART

05/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date