

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/18/2021	Time of Crash 15:24 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 35 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:				
Route# Direction Name of Roadway/Street At			WEST 1121 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000447		
License # --- St MA DOB/Age ---			Reg # 619AY7 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2009 Veh Make TOYOTA Veh Config. 1 20		
Operator ZHU SHITONG Last First Middle			Owner XU BING Last First Middle			Address 46 COLLINS RD			Address 46 COLLINS		
City WABAN State MA Zip 02468			City NEWTON State MA Zip 02468			Insurance Company AMICA MUTUAL COMPANY			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4			Citation # (If Issued) _____			Most Harmful Event 1 23 10 Undercarriage		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 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			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			99 5 99 0 0 10 1								
TA, JIAMIN 4 VINAL ST (apt 11) BRIGHTON, MA 02135			M 3 99 4 99 0 0 10 1								
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 # 646ZR6 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010 Veh Make MAZDA Veh Config. 2 20		
Operator ADAMSKY RACHEL Last First Middle			Owner ROBINSON JOANNE K Last First Middle			Address 66 FAIRWAY DR			Address 66 FAIRWAY DR		
City NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465			Insurance Company PLYMOUTH ROCK INSURANCE			Vehicle Action Prior to Crash 4 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 2 3 4			Citation # (If Issued) _____			Most Harmful Event 1 23 10 Undercarriage		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 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			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			99 4 99 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

1121 Washington St

Unit 2

Unit 2

P.O.I.

Unit 2

Unit 2

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:

Operator 1 of MV 1 was traveling W/B on Washington St when a vehicle in the right lane was stopped. Operator 1 continued in their lane when MV2 drove across the right lane into the left lane (closest to the double yellow line) to attempt a turn left (E/B) on Washington St. MV 1 could not stop in time and collided with MV2. Mv1 had major damage to the front of the vehicle and it was towed by Todys towing. No injuries to Operator 1 or Passenger 1.

Operator 2 of MV 2 was pulling out of the parking lot at 1121 Washington St. A vehicle had stopped to allow her to turn left (e/b) onto Washington st. Operator 2 did not see MV 1 traveling in the left lane (w/b on Washington St) lane and collided with their vehicle. Major damage to MV2 and it was towed by todys towing. No injuries to Operator 2.

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

ELMER ACUNA NEWTON POLICE DEPART 06/18/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00