

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/05/2021	Time of Crash 21:50 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____				
EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			WEST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				South Route# _____ Direction _____ Name of Roadway/Street _____ At _____				
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000491		
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>9TW141</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>1</u> <u>19</u> CDL _____			Veh Year <u>2007</u> Veh Make <u>TOYT</u> Veh Config. <u>1</u> <u>20</u>		
Operator <u>MIRANDA FERREIR/ TALITA</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle			Address <u>19 MELROSE ST (apt. 4)</u> City <u>FRAMINGHAM</u> State <u>MA</u> Zip <u>01702</u>			Address _____ 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)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		
Vehicle Travel Direction: <u>N</u> <u>S</u> <u>X</u> <u>W</u> Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</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 _____			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 ----- --- 1 4 4 0 0 10 1					
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>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>4SK395</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>2016</u> Veh Make <u>TOYT</u> Veh Config. <u>1</u> <u>20</u>		
Operator <u>TARN YUITING</u> Last First Middle			Owner <u>TARN MIAO KUEI</u> Last First Middle			Address <u>61 MADISON AVE</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u>			Address _____ City _____ State _____ Zip _____		
Insurance Company <u>SAFETY</u>			Vehicle Action Prior to Crash <u>1</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>		
Vehicle Travel Direction: <u>X</u> <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>3</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>		
Citation # (If Issued) <u>T0692970</u>			Violation 1: Ch <u>89/9</u> Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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 ----- --- 1 4 4 0 0 10 1					

→ 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:

MV#1 STATED SHE WAS TRAVELING EAST ON HIGHLAND ST AND CAME TO A STOP AT THE STOP SIGN AT THE FOUR WAY INTERSECTION OF CHESTNUT ST. AND HIGHLAND ST. SHE STATED SHE THEN PROCEEDED STRAIGHT TO MAKE A SLIGHT TURN TO CONTINUE ON HIGHLAND ST, WHEN MV#2 DID NOT STOP AT THE STOP SIGN AT CHESTNUT ST. AND STRUCK HER.

MV#2 STATED SHE WAS TRAVELING NORTH ON CHESTNUT ST. AND THEN STATED SHE FAILED TO STOP FOR THE STOP SIGN BECAUSE SHE SAW IT TO LATE. MV#2 WAS ISSUED MV CITATION (T0692970) FOR C89s9 FAILURE TO STOP FOR A STOP SIGN.

MV#1 HAD DAMAGE TO THE RIGHT FRONT END AND WAS TOWED BY TODY'S.

MV#2 HAD DAMAGE TO THE LEFT FRONT END.

NO INJURIES WERE 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

LISA A MIKOLEIT NEWTON POLICE DEPT 07/05/2021

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

CDP1 11 -24:00