

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/07/2021	Time of Crash 09:08 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>BEACON ST</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ 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 <u>210000495</u>			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>6EXT50</u> Reg Type <u>PAS</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>2015</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>20</u>							
Operator <u>HUANG</u> <u>HUIHUA</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle							
Address <u>71 AUTUMN LN</u>			Address _____							
City <u>LINCOLN</u> State <u>MA</u> Zip <u>01773</u>			City _____ State _____ Zip _____							
Insurance Company <u>COMMERCE INSURANCE COMPANY</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"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W 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> <u>3</u> <u>4</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>1</u> <u>24</u> <u>1</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 _____ 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>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St <u>CT</u> DOB/Age _____			Reg # <u>2BAP98</u> Reg Type <u>PAN</u> Reg State <u>MA</u>							
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year <u>2019</u> Veh Make <u>CHEV</u> Veh Config. <u>2</u> <u>20</u>							
Operator <u>GARCIA-DUBON</u> <u>ELVIN</u> <u>RENE</u> Last First Middle			Owner <u>SALAZAR-GOMEZ</u> <u>BENEDICTO</u> Last First Middle							
Address <u>16 MORRIS ST (apt. 2)</u>			Address <u>85 RICH ST</u>							
City <u>DANBURY</u> State <u>MA</u> Zip <u>06810</u>			City <u>WALTHAM</u> State <u>MA</u> Zip _____							
Insurance Company <u>PROGRESSIVE DIRECT INSURANCE</u>			Vehicle Action Prior to Crash <u>3</u> <u>21</u> Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W 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> <u>3</u> <u>4</u>							
Citation # (If Issued) <u>T2014489</u>			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch <u>89/4A</u> Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>3</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:**

Beethoven Ave.  
Zervas Elementary School Entrance  
Paulson Rd.  
Beacon St.

MV#2  
MV#1  
MV#2  
MV#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

⊕ N ⇒

**Crash Narrative:**

On 7/7/2021, at 0908 hrs, Newton Police responded to the area of Beacon St. and Paulson Rd. for a motor vehicle accident involving two vehicles.

Upon arrival, MV#1 was observed with significant damage to the front driver side bumper as well as the front driver side wheel well. MV#2 had minor damage to its passenger side rear bumper.

The operator of MV#1 stated she was stopped on Beacon St. by the entrance to Paulson Rd. waiting for the light at Beethoven Ave. to turn from red to green. The operator of MV#1 stated she was stopped behind several vehicles. As the light turned green, MV#1 accelerated and collided into MV#2 which was attempting to go around her in order to turn northbound onto Paulson Rd. from Beacon St.

The operator of MV#2 stated he believed MV#1 was "parked" on Beacon St. which resulted in his decision to

(Continued on next page)

**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

DANIEL SOHN    NEWTON POLICE DEPT.    07/07/2021

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

CDP1 11 -24-00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

cross over the double yellow center lane, go around MV#1 and turn onto Paulson Rd.

A witness to this collision indicated to police that the operator of MV#2 crossed over the double yellow center lane in an attempt to go around MV#1, which resulted in the collision.

The operator of MV#2 was issued MA Uniform Citation T2014489 for:

Mgl Ch. 89 Sec. 4A - Marked Lanes Violation.

No injuries were reported and both vehicles were driven away from the scene.

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

DANIEL SOHN

NEWTON POLICE DEPART

07/07/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date