

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|---|--------------------------------|---------------------|---|--|---|----------------------|-----------------------|---|--|--|
| Date of Crash 07/10/2021 | Time of Crash 23:12 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | 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: | | | | | |
| WEST CRAFTS ST | | | | | | | | 2 9 | | |
| Route# Direction Name of Roadway/Street | | | Route# Direction Address # Name of Roadway/Street | | | | | 2 10 | | |
| At | | | Feet N S E W of _____ or _____ | | | | | | | |
| NORTH ST | | | Mile Marker Exit Number | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of _____ | | | | | 11 | | |
| Also at Intersection with | | | Route# Intersecting Roadway/Street | | | | | 2 | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants | | | <input checked="" type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 210000502 | | | |
| License # --- St MA DOB/Age --- | | | Reg # 1HXA42 | | Reg Type PAN | | Reg State MA | | | |
| Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ | | | Veh Year 2006 | | Veh Make TOYOTA | | Veh Config. 1 20 | | | |
| Operator SOUZA DE BRITOS WARLEY | | | Owner (Same as operator) | | | | 1 12 | | | |
| Address 24 OOLAH AVE (apt. 1) | | | Address _____ | | | | | | | |
| City NORWOOD State MA Zip 02062 | | | City _____ State _____ Zip _____ | | | | | | | |
| Insurance Company FOREMOST INS CO | | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | 2 3 4 | | 10 Undercarriage | | | |
| Citation # (If Issued) T2012851 | | | Most Harmful Event 1 23 | | 5 11 Totalled | | | | | |
| Violation 1: Ch 90/104 Sec _____ Violation 2: Ch 90/24 Sec _____ | | | Driver Contributing Code 5 24 24 | | 8 7 6 | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed N | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | 13 | | | |
| 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 | | | | | | | 1 | | | |
| Operator See Above | | | --- | | --- | | | | | |
| BRITOS, YASMIN 24 OOLAH AVE (apt 1) NORWOOD, MA 02062 | | | --- | | F 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 # 3FPP14 | | Reg Type PAN | | Reg State MA | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2018 | | Veh Make BMW | | Veh Config. 1 20 | | | |
| Operator WANG JIALUN | | | Owner (Same as operator) | | | | | | | |
| Address 136 CENTRAL AVE | | | Address _____ | | | | | | | |
| City MALDEN State MA Zip 02148 | | | City _____ State _____ Zip _____ | | | | | | | |
| Insurance Company THE COMMERCE INS CO | | | Vehicle Action Prior to Crash 2 21 | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | 2 3 4 | | 10 Undercarriage | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | 5 11 Totalled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 1 24 1 24 | | 8 7 6 | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed N | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | 13 | | | |
| 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 | | | | | | | 1 | | | |
| Operator/Non-Motorist See Above | | | --- | | --- | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

→ 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:

The operator of MV1 stated he was traveling Westbound on Crafts St. at the intersection of North St. He stated MV2 stopped at the red light, and he wasn't able to break in time, causing him to rear end MV2. After a brief encounter, without exchanging information, he then drove away.

The operator of MV2 stated he was stopped at the red light Westbound on Crafts St. at the intersection of North St, when he was rear ended by MV1. He stated the operator got out of the vehicle briefly, then proceeded back into the car and drove off.

MV1 sustained minor front end damage. MV2 sustained minor rear end damage. All parties involved were uninjured. MV2 was able to drive from the scene safely.

After further investigation, the operator of MV1, SOUZA DE BRITOS, Warley, was issued Massachusetts Uniform

(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

