

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/20/2021	Time of Crash 17:07 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 399 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ 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 _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of 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 210000534			
License # _____ St MA DOB/Age _____			Reg # 8JT928		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2020		Veh Make BMW		Veh Config. <u>2</u> <u>20</u>			
Operator BELLO MINOSKA J			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 27 CONGREVE ST (apt. 3)			Address _____		First _____ Middle _____		Last _____			
City ROSLINDALE State MA Zip 02131			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>4</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company COMMERCE INSURANCE COMPANY			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 <u>23</u>		3 <u>9</u> 4 <u>10</u> Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>		1 <u>9</u>		5 <u>11</u> Totaled			
Citation # (If Issued) _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		6 <u>25</u>		7 <u>26</u>			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u>		Towed <u>N</u>		8 <u>27</u>			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved		26 Seat Pos. _____		27 Safety System _____			
Name (Last First Middle) _____ Address _____			Age/DOB _____ Sex _____		28 Airbag Status _____		29 Airbag Switch _____			
Operator _____ See Above			1 _____ 4 _____ 4 _____		30 Eject Code _____		31 Trap Code _____			
					32 Injury Status _____		33 Transp. Code _____			
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>			
License # _____ St MA DOB/Age _____			Reg # 475XX6		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2018		Veh Make HONDA		Veh Config. <u>1</u> <u>20</u>			
Operator CHU LING			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 1200 WASHINGTON ST (apt. 309)			Address _____		First _____ Middle _____		Last _____			
City BOSTON State MA Zip 02118			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company GEICO GENERAL INSURANCE COMPANY			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 <u>23</u>		3 <u>9</u> 4 <u>10</u> Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>		1 <u>9</u>		5 <u>11</u> Totaled			
Citation # (If Issued) _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		6 <u>25</u>		7 <u>26</u>			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u>		Towed <u>N</u>		8 <u>27</u>			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved		26 Seat Pos. _____		27 Safety System _____			
Name (Last First Middle) _____ Address _____			Age/DOB _____ Sex _____		28 Airbag Status _____		29 Airbag Switch _____			
Operator/Non-Motorist _____ See Above			1 _____ 4 _____ 4 _____		30 Eject Code _____		31 Trap Code _____			
					32 Injury Status _____		33 Transp. Code _____			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

399 Washington St

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 Vehicle #1 stated that as she was attempting to make a left turn from the parking lot of 399 Washington St, Vehicle 2 stopped for her to cross the lane of traffic. Vehicle #2 then accelerated into her vehicle as she was stopped in the roadway.

The operator of Vehicle #2 stated that as she was travelling Westbound on Washington St, she collided with Vehicle #1 as it was attempting to pull out of the parking lot.

Both parties declined medical attention when it was offered.

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

DECLAN G HEALY

NEWTON POLICE DEPART

07/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date