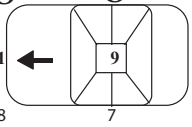
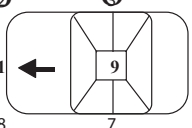


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/23/2021		Time of Crash 17:10 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street At						WEST 325 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 _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____						9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												10			
Route# Direction Name of Intersecting Roadway/Street												11			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000542						3			
License # --- St NJ DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GODSIL WILLIAM R Address 387 HIGHLAND AVE City MONTCLAIR State NJ Zip 07043 Insurance Company PALISADES SAFETY						Reg # WC324W Reg Type PAN Reg State NJ Veh Year 2015 Veh Make HYUNDIA Veh Config. 1 20 Owner GODSIL MAX Address 378 HIGHLAND AVE City MONTCLAIR State NJ Zip 07043 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 6 24 19 24 Underride/Override 25 Towed Y						12			
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) T1445462 Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13			
Please fill out for operator and all occupants involved												1			
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															
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GE GUOYONG Address 10 PARKER RD City NEWTON State MA Zip 02459 Insurance Company ALLSTATE						Reg # 3FA133 Reg Type PAN Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y						13			
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13			
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															

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Crowne Plaza Hotel entrance

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 of MV1 stated he was proceeding Westbound on Washington street in the center lane when he turned left into the Four Points By Sheraton hotel entrance. Operator of MV1 stated he did not see MV2 and crossed into the left lane to complete the turn.

Operator of MV2 stated he was proceeding Westbound on Washington Street when MV1 cut in front of him to make the turn into the hotel.

MV1 sustained heavy drivers side damage. MV2 sustained moderate right front end and passenger side damage.

No injuries.

Operator of MV1 was cited in hand for Ch. 89 Sec.4A (marked lane violation) on Massachusetts Uniform Citation #T1445462. Tody's towing responded on scene and towed MV1. A towed motor vehicle form was

(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

