

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 08/01/2021	Time of Crash 14:36 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
EAST AUSTIN ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
SOUTH WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000573	
License # --- St MA DOB/Age ---			Reg # 5TS849 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011 Veh Make HONDA Veh Config. 1 20	
Operator LIU YU Last First Middle			Owner (Same as operator) Last First Middle			Address _____			Address _____	
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company GEICO			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Vehicle Travel Direction: N X E W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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				
LIU, JAKE 106 FAIR OAKS AVE NEWTON, MA 02460			---			M 6 4 4 4 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 # 911XR5 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make HONDA Veh Config. 2 20	
Operator PARLAKGUL GUNES Last First Middle			Owner ARRUDA ANAPaula Last First Middle			Address 103 ATWOOD AVE			Address _____	
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02460			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company GEICO			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 19 24 24	
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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:**

**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:**

ON 8-1-21 AT APPROX. 1436HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF AUSTIN AND WALNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON WALNUT. WHILE DRIVING HE WAS HIT IN THE RIGHT SIDE BY VEHICLE #2 AS HE EXITED AUSTIN ST. DRIVER OF VEHICLE #2 STATES HE WAS STOPPED AT THE STOP SIGN ON AUSTIN ST WAITING TO MERGE ONTO WALNUT. HE STATES HE WAITED FOR A PEDESTRIAN WHO DECIDED TO NOT CROSS THE STREET. AS HE ENTERED ONTO WALNUT HE HIT VEHICLE #1. VEHICLE #1 HAD RIGHT SIDE DAMAGE. VEHICLE #2 HAD FRONT LEFT SIDE DAMAGE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT. NEITHER VEHICLE WAS TOWED.

**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

THOMAS P WALSH

NEWTON POLICE DEPART

08/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date