

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/27/2021	Time of Crash 23:57 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 2	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
<b>SOUTH CENTRE ST</b>											
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
<b>EAST CHURCH ST</b>											
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street								
			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000641		
License # --- St MA DOB/Age ---			Reg # 9TA571 Reg Type PAN Reg State MA								
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2016 Veh Make HONDA Veh Config. <u>1</u> <u>20</u>								
Operator WEI WENYI			Owner YUAN XIN								
Address 79 WAITE ST EXT (apt. 63)			Address 79 (apt. 63) WAITE ST								
City MALDEN State MA Zip 02148			City MALDEN State MA Zip 02148								
Insurance Company QUINCY MUTUAL FIRE			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 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>								
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>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>								
Please fill out for operator and all occupants involved										13	
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---			Reg # 1CET92 Reg Type PAN Reg State MA								
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2017 Veh Make TOYOTA Veh Config. <u>1</u> <u>20</u>								
Operator MORGAN CHRISTIAN			Owner MORGAN GAIL								
Address 18 GENEVA ST			Address 18 FAIRVIEW AVE								
City WORCESTER State MA Zip 01602			City RUTLAND State MA Zip 01543								
Insurance Company CITIZENS INSURANCE CO.			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>								
Citation # (If Issued) T2014847			Most Harmful Event <u>1</u> <u>23</u>								
Violation 1: Ch <u>89/9</u> Sec _____ Violation 2: Ch <u>90/24/C</u> 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>Y</u>								
Please fill out for operator and all occupants involved										13	
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:**

150 Church Street  
Witness #2 and #3

Church Street

Centre Street

MBTA Bus Sign

MV#1

Witness #1

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:**

Centre Street and Church Street are public ways in the City of Newton.

The OP. of MV#1 states he was travelling southbound on Centre Street, proceeding through a green light when a vehicle suddenly came out of a side street and collided with him. That vehicle struck the curb and continued down Centre Street without stopping.

The OP. of MV#2 states he isn't from around here and was trying to get home to Worcester. He was driving down an unknown roadway when a vehicle suddenly came into his lane and collided with him. There weren't any shoulders on the roadway so he couldn't pull over right away and kept driving until he found a safe area.

Witness#1 (Mr. TING) stated he was driving behind MV#1 and they had the green light on Centre Street.

MV#2 came out of Church Street and collided into MV#1, then crashed into the curb and continued driving down

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
TING, SOLIM,	801 DEDHAM ST NEWTON, MA 02459	-----	Y
O'CONNELL, PAUL,	150 CHURCH ST NEWTON, MA	-----	Y

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, MBTA,	10 PARK PLAZA BOSTON, MASSACHUSETTS		1	MBTA BUS SIGN

**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

RAYMOND H CHIEU

NEWTON POLICE DEPART

08/28/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

Centre Street without stopping.

Witness#2 (Mr. O'CONNELL) stated he was at the front porch of 150 Church Street when he heard two loud crashes. He observed a motor vehicle accident and a black vehicle kept driving without stopping and the silver vehicle was stopped at the intersection.

Witness#3 (Mr. SPENSIERI) stated he was at the front porch of 150 Church Street when he heard two loud crashes before looking over. He observed a motor vehicle accident where another vehicle kept driving away from the scene. He ran after the vehicle that wasn't stopping (MV#2) and was able to follow along because MV#2 was going slowly with blown tires. He followed MV#2 down Centre Street towards Washington St. MV#2 took a right at the intersection and continued down Washington Street before making another right turn

(Continued on next page)

#### Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SPENSIERI, BEN,	43 WALNUT ST NEWTON,MA 02460	-----	Y

#### 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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

RAYMOND H CHIEU

NEWTON POLICE DEPART

08/28/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

onto Park Street. MV#2 finally stopped at Elmwood Street by Park Street where Mr. SPENSIERI phoned it in. The OP. of MV#1 signed a patient refusal with medics. The OP. of MV#2 complained to Sgt. Walton of a head injury and was transported to St. Elizabeth's Hospital. There was a MBTA bus sign knocked over at the accident location. There are multiple parking spots on Centre Street and on Vernon Street that the OP. of MV#2 could have pulled over to be safely out of traffic but he did not. He drove for approx. 0.3 miles on two flat tires before pulling over at Elmwood Street. The OP. of MV#2 was advised that he will be receiving a citation in the mail for his motor vehicle violations.

#### 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

RAYMOND H CHIEU

NEWTON POLICE DEPT.

08/28/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date