

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 09/04/2021	Time of Crash 12:33 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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"/>				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
WEST GROVE ST												
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									
At			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number									
NORTH RTE 128												
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street									
Also at Intersection with			Landmark									
Route# Direction Name of Intersecting Roadway/Street												
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000669			
License # --- St MA DOB/Age ---			Reg # 1FHT59			Reg Type PAN			Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019			Veh Make TOYT			Veh Config. 2 20			
Operator PAN WENMEN			Owner (Same as operator)									
Address 687 GROVE ST (apt. G4)			Address _____									
City NEWTON State MA Zip 02462			City _____ State _____ Zip _____									
Insurance Company GOVT EMPLOYEE			Vehicle Action Prior to Crash 1 21			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? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			
Operator			See Above			26 Seat Pos. 1			27 Safety System 1			
PAN, CALVIN			687 GROVE ST (apt G4) NEWTON, MA 02462			28 Airbag Status 4			29 Airbag Switch 0			
						30 Eject Code 0			31 Trap Code 8			
						32 Injury Status 10			33 Transp. Code 1			
									Medical Facility			
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 # 6NW414			Reg Type PAN			Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2012			Veh Make CADI			Veh Config. 2 20			
Operator TWUMASI ROESMARY			Owner (Same as operator)									
Address 9 LORRAINE RD			Address _____									
City WORCHESTER State MA Zip 01604			City _____ State _____ Zip _____									
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> 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 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 3 24 24			6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			
Operator/Non-Motorist			See Above			26 Seat Pos. 1			27 Safety System 4			
						28 Airbag Status 4			29 Airbag Switch 0			
						30 Eject Code 0			31 Trap Code 10			
						32 Injury Status 1			33 Transp. Code			
									Medical Facility			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

128 north On Ramp

Grove St

128 North off ramp

1FHT59

6NW414

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 9/4/2021 at approx 1233hrs while assigned to 497 I responded to the intersection of Grove St and the 128 N Off ramp for a report of a two car crash with possible injuries. Upon arrival I observed Ma Reg 1FHT59 a gray Toyota Rav4 with extensive front driver side damage with air bags deployed and Ma Reg 6NW414 a black Cadillac SRX with extensive passenger side damage both up on the NW curb of the 128 N On Ramp. Both operators and a child passenger were out of the car. I spoke with the owner of the Rav 4 , Wenmen Pan who stated he was travelling W B on Grove St with his 5 year old son Calvin Pan when the operator of the Cadillac drove off the 128 N of ramp without stopping striking him on the driver side and pushing him up onto the curb. I spoke with the operator of the Cadillac, Rosemary Twumasi who related she did not see the stop sign. Both vehicles towed by Todys, refusals signed with Fallon Ambulance.

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