

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																				
Date of Crash 09/12/2021		Time of Crash 11:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:																					
<div><div>NORTH</div><div>CENTRE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>FRANKLIN ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>																							
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000690																			
License # --- St MA DOB/Age ---				Reg # 913XT5		Reg Type PAN		Reg State MA																			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2020		Veh Make TOYOTA		Veh Config. 2 20																			
Operator WANG BO				Owner (Same as operator)																							
Address 127 BLAKE ST				Address																							
City NEWTON State MB Zip 02460				City		State		Zip																			
Insurance Company PLYMOUTH ROCK ASSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)																					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 1 22 22 22		2 3 4		10 Undercarriage																			
Citation # (If Issued)				Most Harmful Event 1 23		1 24 24		5 11 Totaled																			
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N																					
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		99		0		0		10		1		NONE			
HAN, DONG				127 BLAKE ST NEWTON, MA 02460		---		F		3		1		4		99		0		0		10		1		NONE	
WANG, NICOLE				127 BLAKE ST NEWTON, MA 02460		---		F		6		4		4		99		0		0		10		1		NONE	
WANG, ALEXIS				127 BLAKE ST NEWTON, MA 02460		---		F		4		4		4		99		0		0		10		1		NONE	
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 # 1ZWZ86		Reg Type PAN		Reg State MA																			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2012		Veh Make TOYOTA		Veh Config. 1 20																			
Operator KIRSANOV DANIEL				Owner (Same as operator)																							
Address 16 WALDORF RD				Address																							
City NEWTON State MA Zip 02461				City		State		Zip																			
Insurance Company PROGRESSIVE CASUALTY				Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)																					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		3 4		10 Undercarriage																			
Citation # (If Issued)				Most Harmful Event 1 23		4 24 24		5 11 Totaled																			
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 4 24 24		Underride/Override 25 Towed N																					
Violation 3: Ch Sec Violation 4: Ch Sec																											
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Operator/Non-Motorist				See Above		---		---		1		4		99		0		0		10		1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre St

Unit 1

Unit 2

FRANKLIN 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:

On September 12th, 2021 at approximately 11:41 hours while working N491 I responded to a MV crash at the intersection of Centre St @ Newtonville Ave.

On my arrival I located both involved vehicles on Newtonville Ave.

Vehicle #1 was a 2020 grey Toyota Rav4, Ma reg. 913XT5, operated by a Bo Wang. He reported driving N/B on Centre St when vehicle #2 came out of Franklin St onto Centre St hitting his vehicle on the rear passenger side quarter.

Vehicle #2 was a white 2012 toyota camry, Ma reg. 1ZWZ86, operated by a Daniel Kirsanov. He stated he was on Franklin St W/B at the intersection of Centre St stopped. H e then attempted to enter out onto Centre St when his vehicle struck #1 vehicle which was travelling N/B on Centre St. Vehicle #2 sustained damage to his

(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

THOMAS J MCCARTHY **NEWTON POLICE DEPART** **09/12/2021**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

