

|  |  |                                |                               |  |  |   |                     |                         |                        |   |  |  |  |
|--|--|--------------------------------|-------------------------------|--|--|---|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only  |  |                                | Commonwealth of Massachusetts |  |  |   | RMV Document Number |                         |                        |   |  |  |  |
| Date of Crash<br>10/11/2021  |  | Time of Crash<br>14:20<br>24HR |                               | City/Town<br>NEWTON  |  | Motor Vehicle Crash<br>Police Report  |                     | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:   |  |                                |                               | < LOCATION >   |  | NOT AT INTERSECTION:  |                     |                         |                        |   |  | 9  |  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____  |  |                                |                               | SOUTH 111 CEDAR ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet [N][S][E][W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____  |  |   |                     |                         |                        |   |  | 2  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____  |  |                                |                               | Feet [N][S][E][W] of _____<br>Route# _____ Intersecting Roadway/Street _____   |  |   |                     |                         |                        |   |  | 10   |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____   |  |                                |                               | Feet [N][S][E][W] of _____<br>Landmark _____   |  |   |                     |                         |                        |   |  | 11   |  |
| 1<br>1   |  | 2<br>2                         |                               | 3  |  | 3<br>Vehicle 1 2 #Occupants <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Case Number 210000809 |                     |                         |                        |   |  | 1  |  |
| License # _____ St RI DOB/Age _____<br>Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator THURBER JOSEPH<br>Address 128 MT PLEASANT VIEW AVE<br>City CUMBERLAND State RI Zip 02864<br>Insurance Company COMMERCE   |  |                                |                               | Reg # T71241 Reg Type CON Reg State MA<br>Veh Year 2004 Veh Make CHEVY Veh Config. 2 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 2 22 22 22 22 2<br>Most Harmful Event 2 23<br>Driver Contributing Code 19 24 24<br>Underride/Override 25 Towed N  |  |   |                     |                         |                        |   |  | 12   |  |
| 5<br>1<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |  |                                |                               | 6<br>1<br>Please fill out for operator and all occupants involved<br>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<br>Operator See Above ----- --- 99 4 4 0 0 10 1<br>JONCAS, MAXWELL, M 8 ROBERT AVE AUBURN, MA 01501 --- M 4 99 4 4 0 0 10 1   |  |   |                     |                         |                        |   |  | 13   |  |
| 7<br>1<br>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped  |  |                                |                               | 8<br>2<br>License # _____ St _____ DOB/Age _____<br>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____<br>Operator _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company GEICO<br>Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |  |   |                     |                         |                        |   |  | 2  |  |
| 8<br>2<br>Reg # RT99ZR Reg Type PAS Reg State MA<br>Veh Year 2014 Veh Make HONDA Veh Config. 1 20<br>Owner ZHENG FENMING<br>Address 18 (apt. 97) CARNEY CT<br>City CHARLESTOWN State MA Zip 02129<br>Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 2 22 22 22 22 2<br>Most Harmful Event 2 23<br>Driver Contributing Code 24 24<br>Underride/Override 25 Towed N |  |                                |                               | 9<br>2<br>Please fill out for operator and all occupants involved<br>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<br>Operator/Non-Motorist See Above ----- ---  |  |   |                     |                         |                        |   |  | 2  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Commonwealth Ave

Cedar St

111 Cedar St

MV#1

MV#2

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:**

The operator of MV#1 stated he was travelling northbound on Cedar St attempting to cross Commonwealth Ave (Commonwealth Ave was closed due to the Boston Marathon). The operator of MV#1 stated he reversed into the driveway of 111 Cedar St and travelled forward sideswiping MV#2 which was parked (Unoccupied) in front of 111 Cedar St. MV#1 sustained moderate damages to its passenger side rear wheel well area. MV#2 sustained heavy damages to its driver's side rear bumper. I left a note on MV#2 with this accident information. Newton Dispatch attempted to notify the registered owner of MV#2 and left a voicemail. There were no reported injuries to the operator of MV#1 or the passenger.

**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