

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/08/2021		Time of Crash 10:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:						9	
JACKSON												2	
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10	
EAST WASHINGTON ST				Feet N S E W of _____ or _____		Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____		Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000916							
License # --- St MA DOB/Age ---				Reg # 22RC63 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2007 Veh Make TOYT Veh Config. 1 20									
Operator YANG YONG C				Owner LIANG XUEMEI								12	
Address 59 CLINTON ST				Address 59 CLINTON ST									
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9 10 Undercarriage 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13	
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		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 # 1NLD19 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make VOLK Veh Config. 1 20									
Operator ZAIZERSKAYA LIUDMILA				Owner SIMONYAN ARMAN									
Address 84 WEST ST				Address 176 PINE HILL CIR									
City NEWTON State MA Zip 02458				City WALTHAM State MA Zip 02451									
Insurance Company SAFECO				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9 10 Undercarriage 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13	
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 3 4		0 0 10 1		DONE			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Unit 1

Unit 2

Unit 2

Jackson Rd

Adams St

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator of vehicle 1 stated he was on Washington St (eastbound) at a complete stop for the red light at Jackson Rd when he was struck from behind by vehicle 2.

Operator of vehicle 2 stated she took a left turn off of Adams St on to Washington St then suddenly saw vehicle 1 stopped in front of her and rear ended him. Operator believes her snow tires are to blame because there was no snow on the road.

Both vehicles were towed by Todys. Both operators were seen by medics and signed patient refusals.

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