

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/22/2022	Time of Crash 19:03 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:				
EAST BEACON ST Route# Direction Name of Roadway/Street At NORTH WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000060	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator LIMSUWAN CHAT Address 16 WASHINGTON ST. (apt. 1) City BEVERLY State MA Zip 01915 Insurance Company ARBELLA MUTUAL Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 7EA658 Reg Type PAN Reg State MA Veh Year 2017 Veh Make SUBARU Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility							
Operator See Above			1 4 99 0 0 10 1							
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator OHARA JOSEPH Address 42 PIGEON LN City WALTHAM State MA Zip 02452 Insurance Company NORFOLK AND DEDHAM Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 982NM6 Reg Type PAN Reg State MA Veh Year 2015 Veh Make JEEP Veh Config. 2 20 Owner OHARA KARL J Address 42 PIGEON LN City WALTHAM State MA Zip 02452 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility							
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:

Beacon St.

Walnut St.

MV1

MV2

P.O.I.

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

↑ N

Crash Narrative:

On Saturday, January 22, 2022 at approximately 1903hrs, MV1 was stopped at the intersection of Walnut St and Beacon St. when MV2 traveling Northbound on Walnut St. rear ended MV1. I asked the operator of MV1 if he was okay and if he would like to be evaluated by paramedics, which he replied "no." MV1 sustained minimal damage, consisting of a cracked rear bumper.

Operator of MV1 stated he believed the operator of MV2 was under the influence of alcohol because the operator kept repeating himself.

The operator of MV2 was no longer on scene, but Ofc. Boyle, who also responded to the call was able to make contact with the operator. It was concluded the operator was not under the influence, but had been repeating himself because he could not understand the other operators language. The operator of MV2 stated he spoke

(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

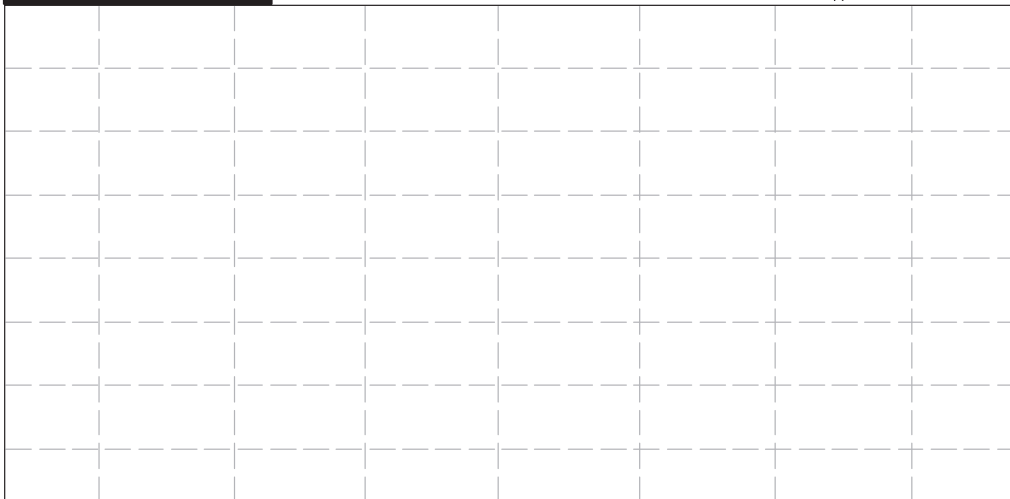
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

over the phone with MV1's niece, Nawarath Kluaypanngam, in order to exchange information.

Operator of MV2 stated that he was not paying attention and thought the operator of MV1 was going to continue to drive forward. He stated he did not expect to see the brake lights in front of him and was unable to stop in time, causing him to rear end MV1. MV2 stated that his vehicle sustained no damage and also refused medical attention.

Both vehicles were operational and the operators of MV1 and MV2 were informed a report would be generated.

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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

JEREMY FAY

NEWTON POLICE DEPART

01/22/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date