Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
02/01/2022	22:04 24HR	NEWTON	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

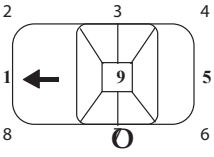
1 / 4 — Route# EAST Direction — CENTRE ST Name of Roadway/Street
At
Route# EAST Direction — WASHINGTON ST Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# Direction — Name of Intersecting Roadway/Street

2 / 9 — Route# Direction Address # — Name of Roadway/Street
2 / 10 — ____ Feet N S E W of ___ ___ ___ • ___ Mile Marker or ____ Exit Number
____ Feet N S E W of Route# Intersecting Roadway/Street
3 / 11 — ____ Feet N S E W of Landmark

3 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 22000096

License # --- St MA DOB/Age -- -- ---- | Sex F | Lic. Class D 18 18 | Lic. Restrictions B 19 | CDL Endorsment
4 / 1 — Operator SIMONDS (Last) JESSICA (First) (Middle)
Address 337 WASHINGTON ST (apt. 6)
City NEWTON State MA Zip 02458
Insurance Company PROGRESSIVE
5 / 1 — Vehicle Travel Direction: N S ☒ W | Responding to Emergency? N
Citation # (If Issued)
6 / 2 — Violation 1: Ch Sec | Violation 2: Ch Sec | Violation 3: Ch Sec | Violation 4: Ch Sec

Reg # 3EKV74 Reg Type PAN Reg State MA
Veh Year 2018 Veh Make NISSAN Veh Config. 1 20
12 / 1 — Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 5 21
Event Sequence 1 22 | 22 | 22 | 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 | 24
Underride/Override 25 | Towed N
Damaged Area Code: (Circle Up to Three)



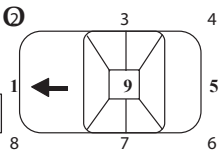
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	--------	---	---	99	4	1	0	0	10	1	

13 / 1

7 / 7 — Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MA DOB/Age -- -- ---- | Sex M | Lic. Class D 18 18 | Lic. Restrictions 1 19 | CDL Endorsment
8 / 1 — Operator HE (Last) JIANHUA (First) (Middle)
Address 45 OVAL RD (apt. 36)
City QUINCY State MA Zip 02170
Insurance Company PROGRESSIVE
Vehicle Travel Direction: N S ☒ 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 # 367GX1 Reg Type PAN Reg State MA
Veh Year 2011 Veh Make LEXUS Veh Config. 1 20
Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 5 21
Event Sequence 1 22 | 22 | 22 | 22
Most Harmful Event 1 23
Driver Contributing Code 9 24 | 24
Underride/Override 25 | Towed N
Damaged Area Code: (Circle Up to Three)

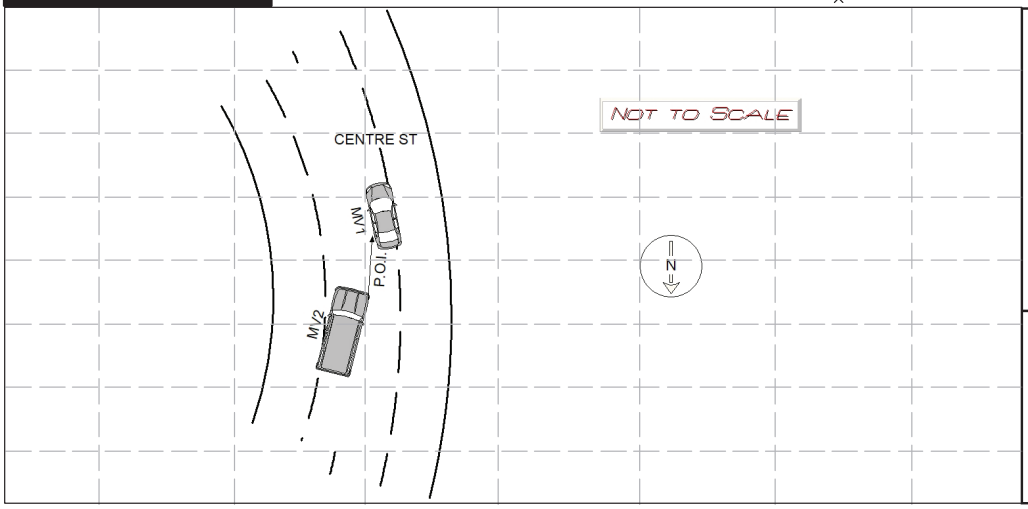


Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	--------	---	---	1	4	99	0	0	10	1	

Crash Diagram:

Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | Pedestrian

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:

MV1 was traveling on Centre St and tried to merge into the lane to the left as MV2 was traveling straigh and attempted to merge right . The operator of MV1 saw MV2 and began to get back into the right lane when MV2 collided with MV1.Both vehicles were trying to merge when they collided. There were no injuries and neither vehicle was towed.

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 [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

JOSEPH CUNNING		NEWTON POLICE DEPARTM			02/01/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00