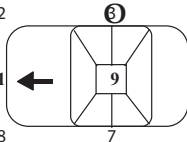
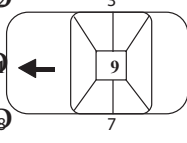


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/15/2022		Time of Crash 15:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div>WESTWASHINGTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTHWASHINGTON TER</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>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>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000223							
License # --- St FL DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator RAMIREZ JEREMIAS Address 81 PALM LANE DR City WINTER HAVEN State FL Zip 33881 Insurance Company CONTINENTAL CASUALTY INS Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # R48388 Reg Type CON Reg State MA Veh Year 2014 Veh Make FORD Veh Config. 2 20 Owner RCN BECOM LLC Address 956 MASSACHUSETTS AVENUE City ARLINGTON State MA Zip 02476 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 									
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									
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 B 19 CDL Endorsment Operator HWANG HYUKJOO Address 220 GREENWOOD ST City NEWTON State MA Zip 02459 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N X E 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 # RS222Y Reg Type PAS Reg State MA Veh Year 2018 Veh Make BMW Veh Config. 1 20 Owner KANG MISUN Address 220 GREENWOOD ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 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 4 4 0 0 10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Unit 1

Unit 2

P.O.

Washington Ter

Washington Street

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:

The operator of MV1 stated he was traveling westbound on Washington Street. When he approached Washington Ter, MV2 pulled out and attempted to turn left, eastbound on Washington St. MV1 then struck MV2 in the front bumper.

The operator of MV2 stated he was on Washington Ter, attempted to turn left, eastbound. The operator stated another vehicle turned onto Washington Ter from Washington St (eastbound) and he proceeded to pull onto Washington St. As he was attempting to turn left, MV1 struck the front bumper of his vehicle. MV1 had damage to the passenger side and rear passenger side tire. MV2 had damage to the front bumper. MV1 was able to drive away after a tire change. MV2 needed a tow and todys was notified.

Both parties were not injured.

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