

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/22/2022		Time of Crash 14:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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><div><div>NORTH</div><div>CRAFTS ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>NORTH ST</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></div> <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>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>						9							
						10							
						11							
						3							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000241							
License # --- St MA DOB/Age ---						Reg # 7BM925 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2014 Veh Make HONDA Veh Config. 1 20							
Operator GRANDOIT MAKENZY						Owner (Same as operator)							
Address 114 SCHOOL ST						Address							
City WALTHAM State MA Zip 02451						City State Zip							
Insurance Company ESURANCE						Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E 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 5 11 Totaled							
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 19 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N							
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 --- 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 ---						Reg # 2PM746 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20							
Operator HUANG SHURAN						Owner (Same as operator)							
Address 427 CRAFTS ST						Address							
City NEWTON State MA Zip 02465						City State Zip							
Insurance Company GEICO						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E 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 5 11 Totaled							
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N							
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 4 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

NORTH ST

CRAFT ST

Unit 1

Unit 2

N

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:

ON 3-22-22 AT APPROX. 1408HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CRAFTS AND NORTH ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON CRAFT AND TRIED TO TURN INTO THE RIGHT LANE TO GO RIGHT ONTO NORTH ST AT THE LIGHT. DRIVER STATES HE TURNED HIS BLINKER ON AND CHECKED HIS REAR VIEW MIRROR AND DID NOT SEE ANYONE COMING. DRIVER STATES HE THOUGHT IT WAS CLEAR TO ENTER THE LANE AND WHILE ENTERING THE LANE HE HIT THE RIGHT SIDE OF VEHICLE #2. DRIVER OF VEHICLE #2 STATES HE WAS TRAVELING STRAIGHT WHEN VEHICLE #1 TURNED RIGHT AND HIT HIS VEHICLE. VEHICLE #1 HAD EXTENSIVE RIGHT FRONT END DAMAGE. VEHICLE #2 HAD LEFT SIDE SCRAPES AND DENTS. BOTH PARTIES REPORTED NO INJURIES. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. BOTH VEHICLES WERE OPERATIONAL AND LEFT THE SCENE. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH

NEWTON POLICE DEPART

03/22/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date