

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																	
Date of Crash 05/15/2022		Time of Crash 13:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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"/>																																																												
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Operator WONGPUNTH PILAPHON			Owner (Same as operator)									
Address 25 GROVE ST			Address _____									
City ARLINGTON State MA Zip 02476			City _____ State _____ Zip _____									
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
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Operator/Non-Motorist See Above												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WARD STREET

P.O.I.

P.O.I.

CENTRE STREET

Unit 1

Unit 2

Unit 3

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:

The operator of MV#1 was traveling south bound on Centre Street coming up to the intersection at Ward Street when she rear ended MV#2 who was pushed into MV#3. MV#2 and MV#3 were stopped at the red light. There was major damage to the front of MV#1 and rear end damage to MV#2 and MV#3. MV#1 was towed by Tody's towing. The operator of MV#1 and passenger signed a medical refusal. There was no airbag deployment.

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