

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/03/2022	Time of Crash 16:01 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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 331 WALNUT ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>11Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>2Feet N S E W of _____ Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000485			
License # --- St MA DOB/Age ---			Reg # CHOP21		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2009		Veh Make HONDA		Veh Config. 1 20			
Operator HEREDIA PERLA KASANDRA			Owner HEREDIA JAZMIN							
Address 41 NOBLE ST			Address 41 NOBLE ST							
City NEWTON State MA Zip 02465			City NEWTON		State MA		Zip 02458			
Insurance Company FOREMOST INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 5 24 24			
Citation # (If Issued) T1448393			Underride/Override 25		Towed Y		10 Undercarriage 5 11 Totalled			
Violation 1: Ch 90/104 Sec Violation 2: Ch 90/9B Sec										
Violation 3: Ch 90/23C Sec Violation 4: Ch Sec										
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 2 #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 # 2XXH88		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2022		Veh Make HYUNDAI		Veh Config. 1 20			
Operator SUH JI WON			Owner (Same as operator)							
Address 57 GERRY RD			Address							
City NEWTON State MA Zip 02467			City		State		Zip			
Insurance Company GOV EMPLOYEES INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24			
Citation # (If Issued)			Underride/Override 25		Towed N		10 Undercarriage 5 11 Totalled			
Violation 1: Ch Sec Violation 2: Ch Sec										
Violation 3: Ch Sec Violation 4: Ch Sec										
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			
SUNG, MIN			57 GERRY RD NEWTON, MA 02467		M		6 1 4 4 0 0 10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

331 Walnut St

Walnut St Unit 21

P.O.I.

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:**

MV 1 was traveling south bound on Walnut St in front of 331 Walnut when she followed MV 2 too closely and rear ended her. MV 1 sustained major damage to its front end and was towed by Tody's for it being disabled. The operator of MV 1, Ms. Perla Heredia, was cited for driving without a license, unregistered motor vehicle, and attaching incorrect plates on the vehicle (MA reg 2KYY53). A police incident report was also completed ( incident number 22019531)

MV 2 was traveling straight southbound on Walnut St when she was rear ended. MV 2 sustained minor damage to her rear end. MV 2 was able to be driven away by the operator. MV 2 was advised of this crash report number.

There were no injuries to either party.

**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

DONALD MURPHY      NEWTON POLICE DEPT      06/03/2022

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00