

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 06/12/2022		Time of Crash 01:36 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 2401 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				100FT Feet [N][S][E][W] of 95 95 NORTH Route# _____ Intersecting Roadway/Street _____								10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet [N][S][E][W] of _____ Landmark _____								11				
1 4		2 2		3		Vehicle 1 1 #Occupants		Hit/Run		Moped		Case Number 22000515		1		
License # _____ St MA DOB/Age _____				Reg # 186NY4 Reg Type PAN Reg State MA				Sex M Lic. Class B 18 18 Lic. Restrictions K 19 CDL P Endorsment W						2		
Operator ALLSOPP ARNOLD W				Veh Year 2017 Veh Make NISSAN Veh Config. 2 20				Owner (Same as operator)						12		
Address 125 AMORY ST (apt. 311)				Address _____				City _____ State MA Zip 02119						5		
Insurance Company AMICA MUTUAL				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						13		
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 50 22 25 22 22 22				Most Harmful Event 25 23						25		
Citation # (If Issued) _____				Driver Contributing Code 99 24 24				Underride/Override 25 Towed Y						6		
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						1		
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 _____						13		
Operator See Above				Operator				Operator						25		
Please Select One of the Following: Vehicle #Occupants				Non-Motorist A Type 14				Action 15				Location 16				17
Condition 17				Hit/Run				Moped				1				
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____						20		
Operator _____				Owner _____				Address _____						3		
City _____ State _____ Zip _____				City _____ State _____ Zip _____				Vehicle Action Prior to Crash 21						21		
Insurance Company _____				Event Sequence 22 22 22 22				Damaged Area Code: (Circle Up to Three)						2		
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____				Most Harmful Event 23				Driver Contributing Code 24 24						3		
Citation # (If Issued) _____				Underride/Override 25 Towed _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						4		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Please fill out for operator and all occupants involved				Operator/Non-Motorist						5		
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 _____						6		
Operator/Non-Motorist See Above				Operator/Non-Motorist				Operator/Non-Motorist						7		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

RT-95N On Ramp

MV#1

Commonwealth Ave

#2401 Commonwealth Avenue  
(Charles River Canoe And Kayak)

NOT TO SCALE

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 OP. of MV#1 stated he was travelling westbound on Commonwealth Ave. when he ran out of gas. His vehicle then started rolling backward and he collided with the guard rail.

The OP. of MV#1 appeared to be confused so medics responded. Initial evaluation is low blood sugar causing confusion. MV#1 was towed by Tody's of West Newton. The OP. of MV#1 was transported to Newton-Wellesley Hospital and Springwell will be contacted. No damage to guard rail.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, MASS DOT,	10 PARK PLAZA BOSTON, MASSACHUSETTS 02	857-368-4636	1	GUARD RAIL

**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

RAYMOND H CHIEU

NEWTON POLICE DEPART

06/12/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date