

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/12/2022		Time of Crash 16:42 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	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:							
NORTH CONCORD ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____									
WEST WASHINGTON ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000517							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____ Operator GARABED JUSTIN Address 9 BELLEVUE RD City NATICK State MA Zip 01760 Insurance Company GEICO				Reg # 1S8176 Reg Type MCN Reg State MA Veh Year 2014 Veh Make VICTORY Veh Config. 3 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 8 7 6									
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 --- 5 5 99 3 0 8 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				1									
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 M 18 Lic. Restrictions B 19 CDL _____ Operator LINDSAY CHERYL Address 66 CONCORD ST City NEWTON State MA Zip 02462 Insurance Company LIBERTY MUTUAL				Reg # 277LKK Reg Type PAN Reg State MA Veh Year 2010 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N 8 7 6									
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 9 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

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 Washington Street. He had a solid green light to proceed past Concord Street when MV#2 suddenly made a turn in front of him causing them to collide together.

The OP. of MV#2 stated she was travelling eastbound on Washington Street when she thought she saw a green left turn arrow for her. She proceeded to make a left turn onto Concord Street and collided with MV#1.

Witness#1 stated he was travelling westbound on Washington Street, a good distance behind MV#1 when he saw MV#2 suddenly make a left turn in front of MV#1's path. He saw MV#1 brake and his motorcycle fishtail a bit before colliding into MV#2. Witness#1 stated he was sure westbound Washington Street traffic had a solid green light.

Parties involved refused medical transport and will seek medical attention on their own. No vehicles towed.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
DOUCETTE, CHARLES,	35 FLORENCE ST NATICK, MA 01760	-----	Y

**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

RAYMOND H CHIEU

NEWTON POLICE DEPT.

06/12/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date