

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/30/2022	Time of Crash 17:38 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>WASHINGTON ST</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					
<b>HIGHLAND ST</b>					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Landmark _____					
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000590				
License # _____ St <u>MA</u> DOB/Age _____					Reg # <u>6WD689</u> Reg Type <u>PAN</u> Reg State <u>MA</u>					
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____					Veh Year <u>2017</u> Veh Make <u>AUDI</u> Veh Config. <u>2</u> <u>20</u>					
Operator <u>HAVER</u> <u>SERENA</u> _____					Owner <u>WANG</u> <u>LINDA</u> <u>T</u> _____					
Address <u>19 SHEFFIELD RD</u>					Address <u>19 SHEFFIELD RD</u>					
City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u>					City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u>					
Insurance Company <u>VERMONT MUTUAL</u>					Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>					Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>1</u> <u>23</u>					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override <u>25</u> Towed <u>N</u>					
Please fill out for operator and all occupants involved					10 Undercarriage <u>9</u> 11 Totaled <u>6</u>					
Name (Last First Middle) _____ Address _____					Age/DOB _____ Sex _____					
Operator _____ See Above					26 Seat Pos. <u>1</u> 27 Safety System <u>4</u> 28 Airbag Status <u>4</u> 29 Airbag Switch <u>0</u> 30 Eject Code <u>0</u> 31 Trap Code <u>10</u> 32 Injury Status <u>1</u> 33 Transp. Code <u>NONE</u>					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants					<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>					
<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St <u>MA</u> DOB/Age _____					Reg # <u>6AJ531</u> Reg Type <u>PAN</u> Reg State <u>MA</u>					
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____					Veh Year <u>2016</u> Veh Make <u>SUBARU</u> Veh Config. <u>2</u> <u>20</u>					
Operator <u>LEWIS</u> <u>MARK</u> <u>S</u> _____					Owner <u>(Same as operator)</u> _____					
Address <u>42 AUBURNDALE AVE</u>					Address _____					
City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u>					City _____ State _____ Zip _____					
Insurance Company <u>FARMERS PROPERTY</u>					Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>					Event Sequence <u>51</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>51</u> <u>23</u>					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override <u>25</u> Towed <u>N</u>					
Please fill out for operator and all occupants involved					10 Undercarriage <u>9</u> 11 Totaled <u>6</u>					
Name (Last First Middle) _____ Address _____					Age/DOB _____ Sex _____					
Operator/Non-Motorist _____ See Above					26 Seat Pos. <u>1</u> 27 Safety System <u>4</u> 28 Airbag Status <u>4</u> 29 Airbag Switch <u>0</u> 30 Eject Code <u>0</u> 31 Trap Code <u>10</u> 32 Injury Status <u>1</u> 33 Transp. Code <u>NONE</u>					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☺ Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

*NOT TO SCALE*

Washington St

Highland St

Witness MV2

UNKNOWN MV

POI#1

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:**

MV1 operator stated she had the green light when she taking a left from Highland St northbound onto Washington St westbound. MV1 operator stated as she mostly through the intersection a light colored sedan was operating through a red light on Washington St eastbound, and struck her rear driver side passenger door. MV1 operator also reported damage to the trunk door. MV2 operator stated approximately \$5000 USD damage was caused because of the MVA. MV1 operator said she was in shock at first and thought the other operator would pull over to exchange information but realized the other operator left the scene already. Witness in MV2 stated he was behind MV1 on Highland St and was following her taking a left. MV2 witness said they absolutely had the green light when turning left onto Washington St westbound. MV2 witness said as MV1 was almost through the intersection a white colored sedan operating on Washington St eastbound went through a

(Continued on next page)

**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

**MARK HATFIELD**      NEWTON POLICE DEPTA      06/30/2022

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

CDP1 11 -24:00

→ 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:

red light and struck MV1 in the rear driver side passenger door. MV2 witness believed the white color sedan operator was texting at the time of the MVA.

MV1 operator reported no injuries at this time. MV1 was still able to be driven, no tow required. Please see incident report for more.

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Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

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Hazmat Information:

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MARK HATFIELD

NEWTON POLICE DEPT

06/30/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date