

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/19/2022		Time of Crash 13:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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 _____				16 EAST 2014 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet [N S E W] of _____ _____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													2	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000651						
License # _____ St MA DOB/Age _____				Reg # 9WA813 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2019 Veh Make KIA Veh Config. 2 20										
Operator YOO BYUNGHEE				Owner (Same as operator)								12		
Address 103 MANOR TERRACE				Address _____										
City LEXINGTON State MA Zip 02420				City _____ State _____ Zip _____										
Insurance Company PROGRESSIVE DIRECT INSURANCE COMPANY				Vehicle Action Prior to Crash 3 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N S X W] Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 10 Undercarriage 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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								1		
Operator See Above				-----										
SEUNG, SANG-AE 103 MANOR TERRACE LEXINGTON, MA 02420				--- F 3 1 4 99 0 0 10 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		
License # _____ St MA DOB/Age _____				Reg # J25643 Reg Type CON Reg State MA										
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL T				Veh Year 2007 Veh Make PTRB Veh Config. 10 20										
Operator FREDETTE MICHAEL				Owner CONSTRUCTION DIAZ										
Address 617 SPRING STREET				Address 190 BODWELL STREET										
City BRIDGEWATER State MA Zip 02333				City AVON State MA Zip 02322										
Insurance Company OLD REPUBLIC INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N S X W] Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 10 Undercarriage 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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 99 0 0 10 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:

Operator of Motor Vehicle # 1 stated they were traveling Eastbound on Washington Street and used their right turn signal and started slowing down to take a right turn into the main entrance of Newton Wellesley Hospital and was struck from behind by Motor Vehicle # 2 causing moderate rear end damage.

Operator of Motor Vehicle #2 stated that he was traveling Eastbound on Washington Street and moved into the right lane in an attempt to get out of the ambulances way which had its lights and sirens activated.

Operator of Motor Vehicle #2 stated that Motor Vehicle #1 stopped short and he did not have enough time to break and struck the vehicle from behind. Motor Vehicle # 2 sustained no damage.

All parties signed medical refusal forms.

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 # J25643 (From Vehicle Section)

Carrier Name DIAZ CONSTRUCTION CO, INC Carrier Issuing Authority Code 35

Address 1390 VERNON STREET City BRIDGEWATER St Zip 02324

US DOT #: 1198463 State Number Issuing State MASSAC ICC #: Interstate 36

Cargo Body Type Code 8 37 Gross Vehicle Weight 2 38

Trailer Reg #: SM13918 Reg Type SMN Reg State MASSAC Reg Year 2007 Trailer Length 1 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42

ZOI H LAZARAKIS **NEWTON POLICE DEPARTMENT** **07/19/2022**

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

CDP1 11 -24:00