

Commonwealth of Massachusetts

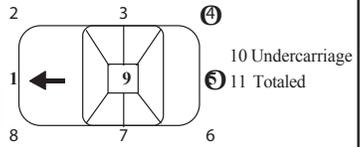
Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number		
Date of Crash 07/19/2022	Time of Crash 13:40 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>

< LOCATION >

AT INTERSECTION:	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	16 EAST 2014 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 22000651
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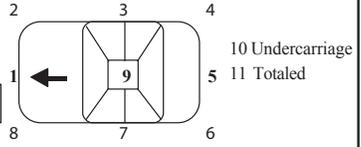
License # --- St MA DOB/Age --- Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Endorsment _____ Operator YOO BYUNGHEE Address 103 MANOR TERRACE City LEXINGTON State MA Zip 02420 Insurance Company PROGRESSIVE DIRECT INSURANCE COMPANY Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Reg # 9WA813 Reg Type PAN Reg State MA Veh Year 2019 Veh Make KIA Veh Config. <u>2</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>3</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>
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Please fill out for operator and all occupants involved		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	99	0	0	10	1	
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 <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
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License # --- St MA DOB/Age --- Sex M Lic. Class <u>A</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL <u>T</u> Endorsment _____ Operator FREDETTE MICHAEL Address 617 SPRING STREET City BRIDGEWATER State MA Zip 02333 Insurance Company OLD REPUBLIC INSURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Reg # J25643 Reg Type CON Reg State MA Veh Year 2007 Veh Make PTRB Veh Config. <u>10</u> <u>20</u> Owner CONSTRUCTION DIAZ Address 190 BODWELL STREET City AVON State MA Zip 02322 Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>19</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>
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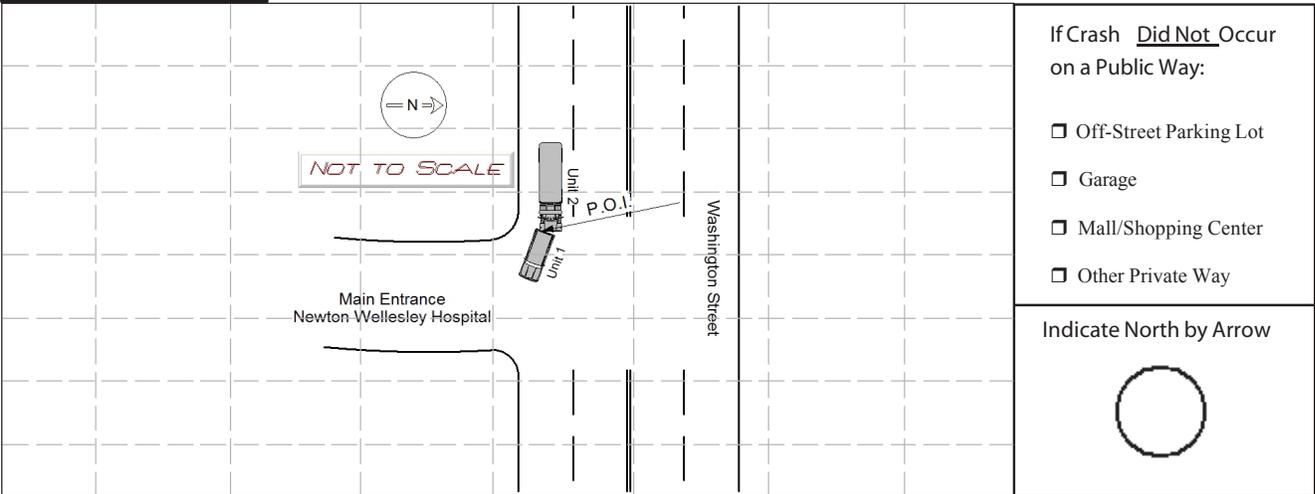


Please fill out for operator and all occupants involved		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	1	4	99	0	0	10	1	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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

Address 1390 VERNON STREET City BRIDGEWATER St _____ Zip 02324

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

ZOI H LAZARAKIS

NEWTON POLICE DEPART

07/19/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date