Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit / Latitude / Longitude	Police
05/17/2017	17:41 24HR	WALTHAM	2	3	30 / /	State Police ☐ Local Police ☒ MBTA Police ☐ Other:

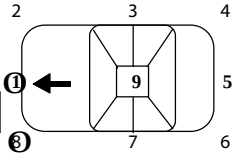
AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 / 1 — Route# NORTH Direction SOUTH ST Name of Roadway/Street
At
Route# WEST Direction CHARLES RIVER RD Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street — 2 / 9
Feet N S E W of Mile Marker or Exit Number — 2 / 10
Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark — 3 / 11

3 — ☒ Vehicle 1 — 1 # Occupants | ☐ Hit/Run | ☐ Moped | Case Number 1700000478

4 / 2 — Operator: License # --- St NY DOB/Age -/--/-- | Sex F | Lic. Class D (18/18) | Lic. Restrictions 1 (19) | CDL Endorsment | HALPER (Last) YAELA (First) M (Middle)
Address 69 RUNYON PL
City SCARSDALE State NY Zip 10583
Insurance Company TRAVELERS
5 / 1 — Vehicle Travel Direction: N S E ☒ | Responding to Emergency?____
Citation # (If Issued) R8410609
Violation 1: Ch 89 Sec 8 | Violation 2: Ch Sec
6 / 1 — Violation 3: Ch Sec | Violation 4: Ch Sec

Owner: Reg # GGB9887 Reg Type PAN Reg State NY | Veh Year 2013 | Veh Make HONDA ACCORD | Veh Config. 1 (20)
Owner HALPER (Last) STEVEN (First)
1 / 12 — Address 69 RUNYON PL
City SCARSDALE State NY Zip 10583
Vehicle Action Prior to Crash 4 (21)
Event Sequence 1 (22) | Most Harmful Event 1 (23) | Driver Contributing Code 4 (24) | Underride/Override (25) | Towed Y
Damaged Area Code: (Circle Up to Three)


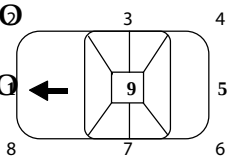
10 Undercarriage
11 Totaled

1 / 13 — 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	See Above	- - - - - - - -	- - -	- - -	1	2	4	0	0	5	1	

7 / 3 — Please Select One of the Following: ☒ Vehicle 2 — 3 # Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

8 / 2 — Operator: License # --- St MA DOB/Age -/--/-- | Sex F | Lic. Class D (18/18) | Lic. Restrictions 2 (19) | CDL Endorsment | CHIN (Last) SARAH (First) P (Middle)
Address 42 BANFORD WAY
City WALTHAM State MA Zip 02453
Insurance Company COMMERCE
Vehicle Travel Direction: ☒ S E W | Responding to Emergency?____
Citation # (If Issued)
Violation 1: Ch Sec | Violation 2: Ch Sec
Violation 3: Ch Sec | Violation 4: Ch Sec

Owner: Reg # 26SE18 Reg Type PAN Reg State MA | Veh Year 2010 | Veh Make HONDA CIVIC | Veh Config. 1 (20)
Owner CHIN (Last) SUI (First)
Address 42 BANFORD WAY
City WALTHAM State MA Zip 02453
Vehicle Action Prior to Crash 1 (21)
Event Sequence 1 (22) | Most Harmful Event 1 (23) | Driver Contributing Code 1 (24) | Underride/Override (25) | Towed Y
Damaged Area Code: (Circle Up to Three)


10 Undercarriage
11 Totaled

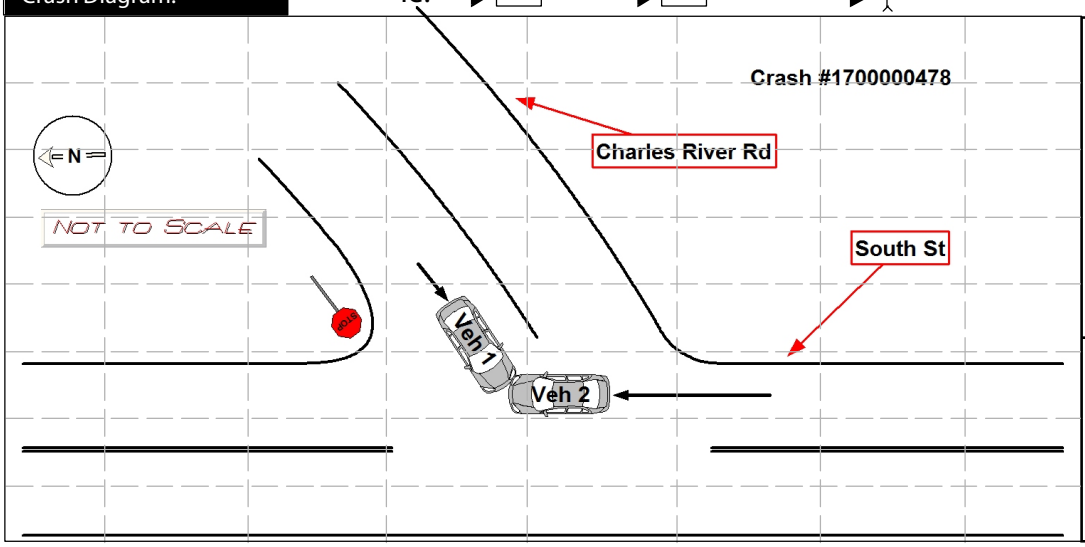
Please fill out for operator and all occupants involved

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	3	4	0	0	3	1	DECLINED (HAND)
CHIN, SAMANTHA	42 BANFORD WAY WALTHAM, MA 02453	10/30/1991	F	4	1	3	4	0	0	4	1	DECLINED (CHEST PAIN
CHIN, VICTORIA	42 BANFORD WAY WALTHAM, MA 02453	07/15/1994	F	3	1	3	4	0	0	4	1	DECLINED (CHEST PAIN

Crash Diagram:

Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | Pedestrian

ie: → 1 → 2 → 🚶



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:

Two-vehicle collision occurred in the South St / Charles River Rd intersection. Stop sign posted on Charles River Rd (T-Intersection).

Veh #1, traveling west on Charles River Rd, began left turn onto South St (south), and collided with northbound veh #2.

Oper #1 stated she never saw veh #2 approached as she was making her left turn.

Oper #1 was cited for (1) Fail to yield.

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 [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]

STEPHEN D CLARKE		7094	WALTHAM POLICE DEPT		05/17/2017
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date