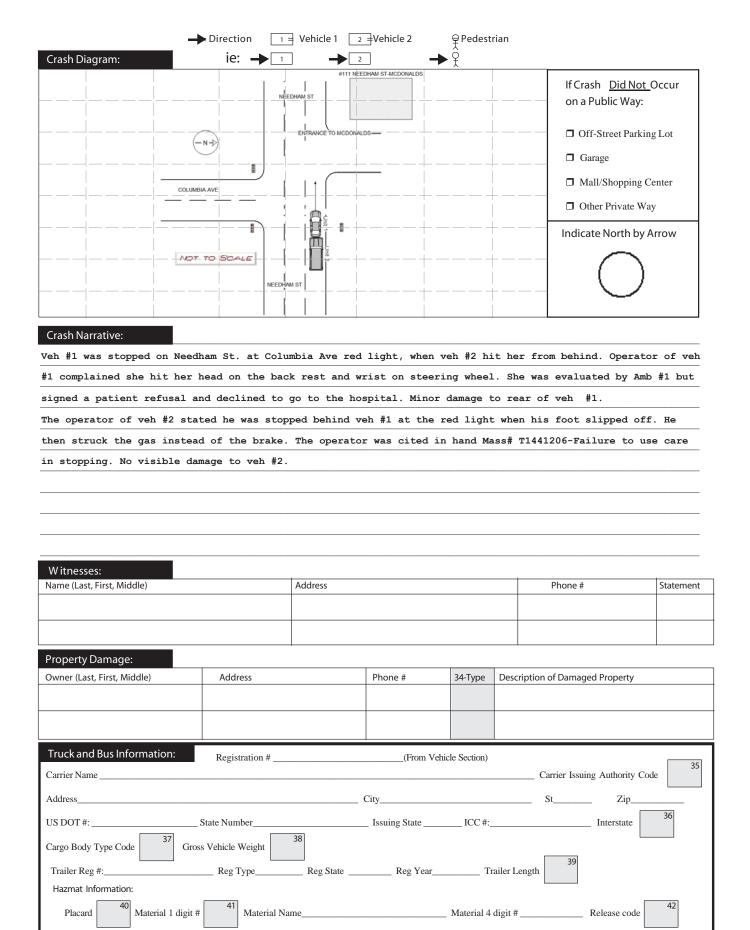
Date of Crash 01/05/2019 Time of Crash 14:13 NEWTON NEWTON Police Report Number Vehicles Injured Latitude Longitude AT INTERSECTION: Speed Limit Latitude Longitude NOT AT INTERSECTION:	State Police Local Police MBTA Police Other:
	CTION:
WEST 111 NEEDHAM ST	2
1 Route# Direction Name of Roadway/Street Route# Direction Address # Name of Ro	y/Street 1
At	y/Street 2 1
Route# Direction Name of Intersecting Roadway/Street Mile Marker	Exit Number
Also at Intersection with Feet NSEW of	adway/Street 1
2 3 Route# Direction Name of Intersecting Roadway/Street Feet N S E W of	2
Land	
2 Vehicle 1 _1 #Occupants	
License # St MA DOB/Age Reg # 29TV32 Reg Type PAN	State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL Veh Year 2005 Veh Make TOYOTA	20
Endorsment	
Operator CONNOLLY OONAH C Owner Same as operator) Address 23 BISHOP RD Address Address Address	1
City QUINCY State MA Zip 02170 City State	 Zip
	(Circle Up to Three)
Vehicle Travel Direction: NSEX Responding to Emergency? Event Sequence 1 22 22 22 22 22 3	4
Citation # (If Issued) Most Harmful Event 1 23	10 Undercarriage 11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24	II Totaled
Violation 3: ChSec Violation 4: ChSec Underride/Override	6
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Ag	33 aransp. Medical Facility 1
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Operator See Above	Code Medical Facility 1
7	
Please Select One of the Following: Vehicle 2 1_#Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17	lit/Run Moped
License # St MA DOB/Age Reg # 35SE40 Reg Type PAN	g State_MA
18 18 19	onfig. 20
8 Operator ZHU ERIC ZHENGYU Owner ZHU BING	
Address 39 POWERS ST Last First Middle Last First Address 4 JENNISON CIR	le
	Zip_01760
	(Circle Up to Three)
Vehicle Travel Direction: N S E X Responding to Emergency? Event Sequence 1 22 22 22 22 22 3	4
Citation # (If Issued) T1441206 Most Harmful Event 1 23	10 Undercarriage 5 11 Totaled
Violation 1: Ch 19/75 Sec Violation 2: Ch Sec Driver Contributing Code 97 24 24) s 11 Totaled
Violation 3: ChSec Violation 4: ChSec Underride/Override	6
Please fill out for operator and all occupants involved 26 27 28 29 30 31 Seat Safety Airbag Airbag Eject Trap In	33 ransp.
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Code Operator/Non-Motorist See Above	Code Medical Facility 1



ZACHARY S RAYMOND NEWTON POLICE DEPARTA 01/05/2019
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date