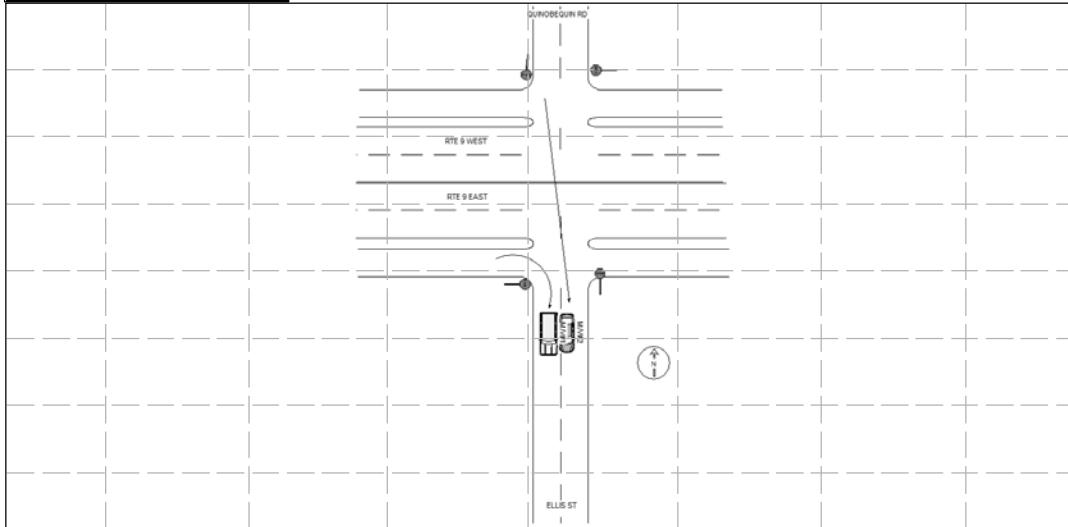


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/27/2019	Time of Crash 15:43 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
EAST BOYLSTON ST Route# Direction Name of Roadway/Street At SOUTH ELLIS ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000114	
License # --- St MA DOB/Age -- -- -- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ZHANG SHUN Address 88 OSSIPPEE RD City NEWTON State MA Zip 02464 Insurance Company LM GENERAL			Reg # 9MW635 Reg Type PAN Reg State MA Veh Year 2018 Veh Make AUDI Veh Config. 2 20 Owner ZHANG JINGYI Address 89 OSSIPPEE RD City NEWQTON State MA Zip 02464 Vehicle Action Prior to Crash 3 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							
Vehicle Travel Direction: N X E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility										
Operator See Above										
ZHANG, JINGYI 89 OSSIPPEE RD NEWQTON, MA 02464										
ZHANG, AMELIA 89 OSSIPPEE RD NEWTON, MA 02464										
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 -- -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator TRAVIS EDITH W Address 60 EAST CENTRAL ST (apt. #106) City NATICK State MA Zip 01760 Insurance Company STANDARD FIRE			Reg # 3149RG Reg Type PAN Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							
Vehicle Travel Direction: N X E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility										
Operator/Non-Motorist See Above										

→ 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:

Based on observations and statements made, the following occurred I observed. Upon my arrival, I observed M/V#2 stopped in the right lane of Ellis St. approx. 20 feet south of the Rte 9 overpass, and M/V#1 was stopped by the curb, in the left lane, approx. 40 feet south of the intersection. The operator of M/V#1 stated that he came off Rte. 9, stopped at the stop sign, then turned right (south) on to Ellis St. where M/V#2 collided with it.

The operator of M/V#2 stated that she was traveling south on Quinnobiquin Rd, and proceeded through the intersection, when M/V#1 turned right, in front of her, and they collided.

I spoke to a male party, who was seated in a car, in a parking area on Ellis St. who stated that he heard the accident, but did not see it.

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

STEVEN C EMMANUEL

NEWTON POLICE DEPART

01/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date