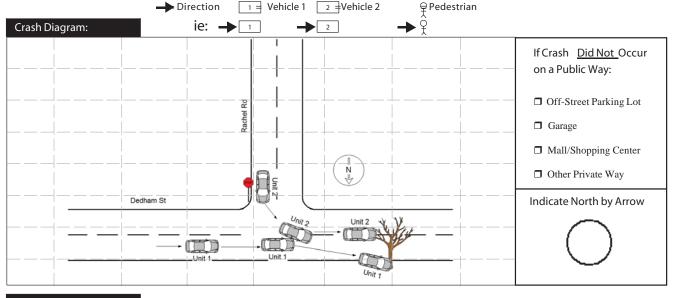
	Poli	ice Use Only		Commony	wealth	of Massa	achus	etts			RMV	/ Docun	nent Number		
	Date of Crash 01/30/2019	Time of Crash 08:43	City/To	wn Mot	tor Vel	nicle Cra	$sh \begin{bmatrix} N \\ V \end{bmatrix}$	Number Vehicles	Numbe Injured	_ ^	d Limit		State Police Local Police MBTA Police	□ Xì	
	01/30/2019	08:43 24HR	NEWTON		Police	Report		2	0	1	gitude_		Other:		
		AT INTER	SECTION:	<	LOCA	TION	>		NOT	AT	INTE	ERSE	CTION:	$\Box$	9
	WES	T DEDH <i>i</i>	AM ST											-	<u>-</u>
1 1	Route# Direc	tion		Roadway/Street		Route# Direction	on Addr	ess#		Nar	ne of R	loadway/	Street		10
	At NORTH RACHEL RD					Feet NSEW of or								_	_
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number							Exit Number		
			Also at Inter	section with		Feet [	N S E W	of	Route#	—— <u>I</u> 1	ntersect	ting Road	lway/Street	-  -	11
2 Route# Direction Name of Intersecting				ting Roadway/Street	Feet NSEW of								4	Į ''	
3	Route# Direc	поп		Landmark								-			
	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	r	1900	0000122							
	License#		StSt		Reg	MUSCBX			_Reg Ty	pe_PAN	1	Reg		_	
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction			Year_2008	Veh M	lake_TC	OYT			Veh Co	nfig. 20		
4	Operator SIC	KELS	KAREN	Endorsment	t Own	er (Same as ope	rator)		Eiset			Middle		_   1	12 L
2	Address 37 DO		riist	Middle		ner (Same as operator)  Last First  lress								_	_
	City BOSTON	J	Sta	te_MA Zip_02136	City						_State_	2	Zip	_	
	Insurance Company STANDARD FIRE					cle Action Prior to	Crash	1 21		amageo	l Area	Code: (0	Circle Up to Thr	ree)	
5 <b>1</b>	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency?_	Even	t Sequence 1	22 21 22	22	<sup>22</sup> <b>O</b>		3		4		
	Citation # (If I	ssued)			Most	Harmful Event	1 23	•	(I)	←	9	$ \cdot $	10 Undercard 5 11 Totaled	riage	
	Violation	1: ChSec	Violation	2: ChSec	_ Drive	er Contributing Co		24	24		4				
<sup>6</sup> 2	Violation	3: ChSec	_ Unde	Underride/Override 25 Towed Y 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Age/DOB Sex Pos. System Status switch Code Code Status Code Medical Far							33 nsp. de Medical Facil	ity 1	13 [
	Operator			See Above				- 1	1 4	0	0	5 1			
7	Please Select C	)ne —		1_		14 1	<u>                                     </u>	1	16		17				
3	of the Followi	I A Venicle	2 1_#Occupant	S Non-Motorist A	A Type	Action	Location		Cond	ition	1.	Hit	t/Run Mor	oed	
	License#St MADOB/Age					Reg # <u>9RN518</u> Reg Type <u>PAN</u> Reg State <u>M</u>						State_MA	_		
	Sex_M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL					Veh Year 2018 Veh Make TESLA Veh Config. 1									
8 <b>1</b>	Operator JIANG WEI Endorsment  Last First Middle				t Own	Owner (Same as operator)  Last First Middle								_	
_	Address 72 GODDARD ST					Address									
	City NEWTON State MA Zip 02461					City State Zip									
	Insurance Company GEICO					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel	Direction: N	Even	Event Sequence 1 22 22 22 22 2 4											
	, ,					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							riage		
	Violatio	n 1: Ch <u>89/9</u> Se	ec Violatio	Drive	Driver Contributing Code 19 24 24										
	Violatio	n 3: ChSe	Unde	rride/Override		Towed			7		6				
	Pl Name (Last Fi		operator and all	occupants involved  Address		Age/DOB	Sex Po	6 27 Safety 2 s. System	28 Airbag Airba Status Swi	g Eject tch Code	Trap Code	Injury [Fra	33 nsp. ode Medical Faci	ility	
		Non-Motorist		See Above					4 4	0	0	5 1			
										+					



## Crash Narrative:

Operator of vehicle 1 stated she was traveling westbound on Dedham St when vehicle 2 pulled out of Rachel Rd in front of her suddenly causing her to strike the passenger side of vehicle 2. Vehicle 1 then bounced to the right and went head on with a tree.

Operator of vehicle 2 stated he stopped for the stop sign on Rachel Rd and was waived out onto Dedham St by another vehicle that was in front of vehicle 1. He then stated he pulled onto Dedham St and was struck by vehicle 1.

A witness, Regina King was traveling westbound on Dedham St two car lengths behind vehicle 1 and saw vehicle 2 pull quickly out of Rachel Rd cutting off vehicle 1. King states that she did not see any other vehicle wave vehicle 2 onto Dedham St.

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Add	Address				Phone #	Statement			
GAYLE , REGINA,		1321 Washington st, newton, ma 02465					Y			
Property Damage:										
Owner (Last, First, Middle)	Address	Phone # 34-Type			Desc	ription of Damag				
Truck and Bus Information:  Carrier Name	Registration #		`	ŕ		Carrier Issu	ing Authority Code	35 e		
Address		Cit	ty			St	Zip			
US DOT #:S	tate Number38	1	Issuing State	ICC #:_			Interstate	36		
Cargo Body Type Code Gross Vehicle Weight Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type R	Reg State	Reg Year	Tr	ailer L					
Hazmat Information:										
Placard 40 Material 1 digit #	Material Name			Material 4	digit #		Release code	42		

-	Direction	_1 <del> </del> Vel	hicle 1	2 #Vehicle 2	₹ Pedesti	rian		
Crash Diagram:	ie: →	1	→[	2	→ ♀			
Crash Diagram:	ie: →[		->-	2	→ Ŷ.		If Crash Did Not On a Public Way:  Off-Street Parking Garage Mall/Shopping Co	g Lot enter
		-    -	 				$\bigcirc$	
Crash Narrative:								
I issued the operator of v  Vehicle 1 was towed by t  Vehicle 2 did not requir	odys and oper	ator o	of vehic	le 1 was se	en by the me			
W itnesses: Name (Last, First, Middle)		Add	rocc			Dh	one #	Statement
Name (Last, Flist, Middle)		Add	1633			FII	one #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of D	Damaged Property	
Truck and Bus Information:	Registration # _			(From	m Vehicle Section)			35
Carrier Name						Carrie	er Issuing Authority Cod	le
Address				City		St	Zip	26
US DOT #:	State Number			Issuing State	e ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				_		
Trailer Reg #:	Reg Type	R	Reg State	Reg Y	ear Tr	ailer Length	39	
Hazmat Information:								
Placard 40 Material 1 digit #	# 41 Material	Name			Material 4	digit #	Release code	42
							01/30/2	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)