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	
02/12/2019	14:50 24HR	NEWTON	3	1	15			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

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

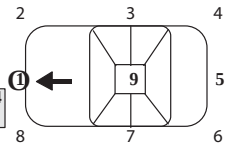
1 / 1 — Route# WEST Direction — BOYLSTON ST Name of Roadway/Street
At
Route# NORTH Direction — CHESTNUT ST Name of Intersecting Roadway/Street
Also at Intersection with
2 / 4 — Route# Direction — Name of Intersecting Roadway/Street

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

3 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 1900000182

License # --- St MA DOB/Age -- -- ----
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
4 / 2 — Operator ZHAO (Last) GANQUAN (First) (Middle)
Address 252 LINDEN ST
City WALTHAM State MA Zip 02452
Insurance Company GOVT EMP
5 / 1 — Vehicle Travel Direction: N S E ☒ Responding to Emergency?____
Citation # (If Issued) T1443344
6 / 3 — Violation 1: Ch 89/9 Sec____ Violation 2: Ch 90/17/A Sec____
Violation 3: Ch 90/23/I Sec____ Violation 4: Ch____Sec____

Reg # 8DB998 Reg Type PAN Reg State MA
Veh Year 2012 Veh Make AUDI Veh Config. 1 20
4 / 1 — 12 — Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 7 24 3 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved

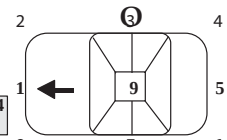
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	--------	---	---	1	4	4	0	0	5	1	

1 / 13

7 / 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MA DOB/Age -- -- ----
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
8 / 1 — Operator SPELLMAN (Last) BRAIN (First) (Middle)
Address 24 SUNSET DR
City MEDWAY State MA Zip 02053
Insurance Company GOVT EMPLOYEE INS
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____

Reg # 4LV788 Reg Type PAN Reg State MA
Veh Year 2013 Veh Make HONDA Veh Config. 1 20
Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 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	4	4	0	0	4	1	

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02/12/2019	14:50 24HR	NEWTON	3	1	15			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

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

1 — Route# Direction Name of Roadway/Street
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2 — Route# Direction Name of Intersecting Roadway/Street

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

3 — ☒ Vehicle 3 1 #Occupants ☐ Hit/Run ☐ Moped **Case Number** 1900000182

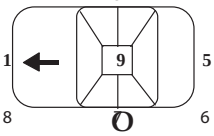
4 — Operator ROYFMAN (Last) EDWARD (First) (Middle)
Address 36 CALDON PATH
City NEWTON State MA Zip 02459
License # --- St MA DOB/Age -- -- ----
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
Insurance Company SAFETY

5 — Vehicle Travel Direction: N ☒ E W Responding to Emergency?____
Citation # (If Issued)_____
Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____
6 — Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 324XR3 Reg Type PAN Reg State MA
Veh Year 2017 Veh Make INFI Veh Config. 2 20

12 — Owner INFINITI LT (Last) NISSAN (First) (Middle)
Address 915 (apt. PMB/C) L ST
City SACRAMENTO State CA Zip 95814
Vehicle Action Prior to Crash 2 21
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 24
Underride/Override 25 Towed N

Damaged Area Code: (Circle Up to Three)



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13 — Please fill out for operator and all occupants involved

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Operator	See Above	--------	---	---	1	4	4	0	0	5	1	

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

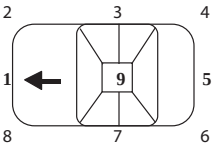
License # _____ St _____ DOB/Age _____
Sex____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment
Insurance Company_____

8 — Operator _____ (Last) (First) (Middle)
Address _____
City _____ State_____ Zip _____
Vehicle Travel Direction: N 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_____

Reg # _____ Reg Type_____ Reg State_____
Veh Year_____ Veh Make_____ Veh Config. 20

Owner _____ (Last) (First) (Middle)
Address _____
City _____ State_____ Zip _____
Vehicle Action Prior to Crash 21
Event Sequence 22 22 22 22
Most Harmful Event 23
Driver Contributing Code 24 24
Underride/Override 25 Towed ____

Damaged Area Code: (Circle Up to Three)



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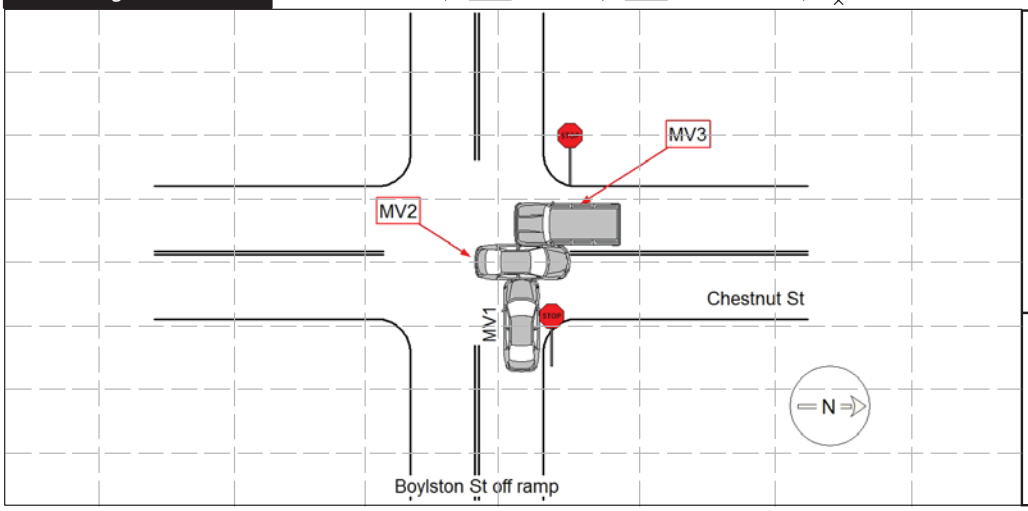
Please fill out for operator and all occupants involved

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	--------	---	---								

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:

MV1 was coming down the Rte 9 West off ramp to Chestnut St. Operator was traveling too fast for the snowy road conditions and failed to stop for the stop sign at the bottom of the ramp. A snow storm had started 2 hours prior to the accident and road conditions were slippery.

MV1 struck MV2 broadside who was traveling north on Chestnut St with the right of way. MV1 struck MV2 hard enough that MV2 was pushed across the lane and into MV3 that was stopped at the stop sign southbound.

According to the operator of MV2, MV1 was traveling "way too fast for conditions" over 30mph.

Operator MV1 was cited for 89/9 failed to stop for stop sign and 90/17 speeding too fast for road conditions. Operator was also cited on Citation T1272992 for 90/23 operating after suspended license.

Boylston St and Chestnut St are public ways in the city of Newton.

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]

MICHAEL WADE			NEWTON POLICE DEPARTM		02/13/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00