

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/13/2019	Time of Crash 21:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 2	Speed Limit <u>25</u> 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			30 WEST 2000 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000187	
License # _____ St MA DOB/Age _____			Reg # 9HE279			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____			Veh Year 2016			Veh Make AUDI			Veh Config. 1 20	
Operator HAO YONG Last First Middle			Owner (Same as operator) Last First Middle							
Address 6 HILLSIDE AVE			Address _____							
City WOBURN State MA Zip 01801			City _____ State _____ Zip _____							
Insurance Company SAFECO INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22 22			10 Undercarriage			11 Totaled	
Citation # (If Issued) _____			Most Harmful Event 22 23			Driver Contributing Code 1 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above										
LIU, XING 246 PEARL ST NEWTON, MA 02458										
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____ Last First Middle			Owner _____ Last First Middle							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22 22			10 Undercarriage			11 Totaled	
Citation # (If Issued) _____			Most Harmful Event 23			Driver Contributing Code 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☹ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

2000 Commonwealth ave

NOT TO SCALE

Unit 1

Pole 102/285

Roadside Shoulder

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:

MV#1 Stated while traveling westbound down Commonwealth ave he struck a patch of ice. The ice caused his vehicle to rotate 360 degrees and proceeded to slide on the roadside shoulder striking a verizon poll (102/285). MV#1 traveled approximately 12ft from the road before striking the poll.

MV#1 sustained heavy front end damage. MV#1 had all airbags deployed and had a small fire under the front end.

I observed multiple other vehicles passing having difficulties and vehicles sliding due to significant ice conditions.

Driver of MV#1 had injuries to his left arm, possible broken forearm/wrist.

Passenger of MV#1 stated she had chest pains.

(Continued on next page)

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

