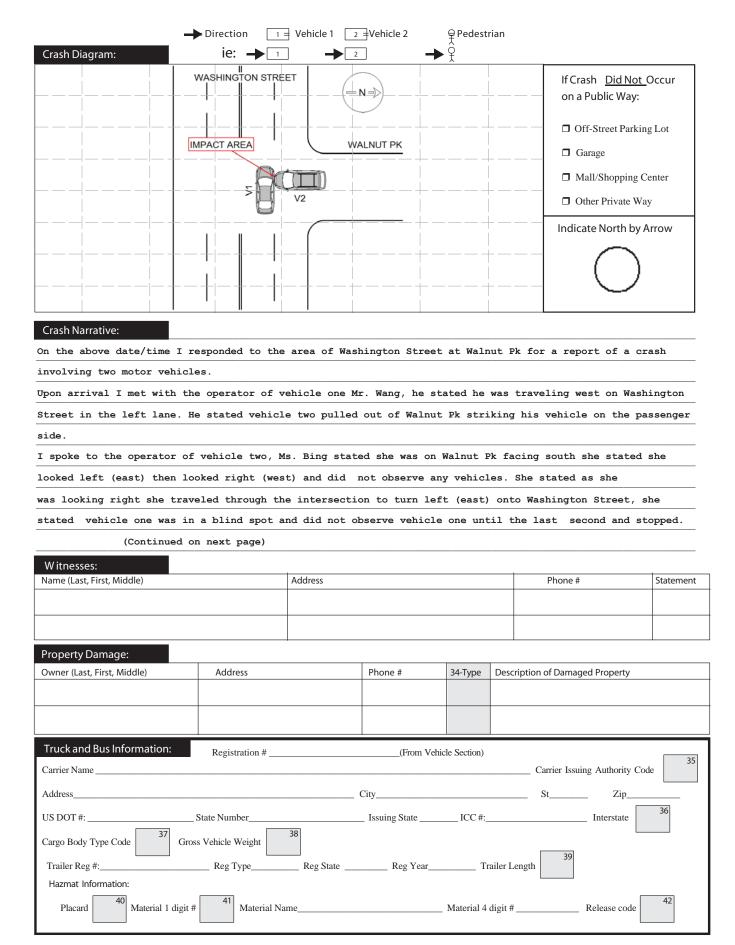
	Poli	ice Use Only		Com	monwea	lth o	of Massa	ach	use	etts			RMV	V Doc	umen	t Number	
	Date of Crash 02/26/2019	Time of Crash 14:42 24HR	City/ NEWTON	Γown			icle Cra Report	sh		mber	Nun Inju 0	red Lati	ed Limi tude _ gitude_			tate Police ocal Police IBTA Police ther:	XI O
		AT INTER	RSECTION	•		LOCAT		>			N	OT AT			ECT	ION:	\neg
		WALNU	IIT PK														2
1 1	Route# Direc			of Roadway/Str	reet		Route# Direction	n A	ddres	s #		Na	me of F	Roadwa	ay/Stre	eet	2 ¹⁰
		At WASHINGTON ST				Feet N S E W of -					• or						
	Route# Direc	etion N		ting Roadway/S	Street	<u> </u>	Feet N	JSE	lw c	of.	Mil	e Marker			E	xit Number	\dashv
2			Also at In	tersection with		ľ	Feet N		_		Rou	te#	Intersec	ting R	oadwa	y/Street	- 11
²	Route# Direc	tion	Name of Inter	secting Roadwa	ay/Street	— [1 5 2	1	л			Laı	ndmark	ξ		_ 3
3 1	XVehicle1	#Occupants	Hit/Ru	n Mo	oped Case I	Number		1	90000	00216							7
	License#		St	MA DOB/As	ge	Reg#	4TZ625				Reg	Type PA	N	Re	eg Stat	e MA	-
	Sex_M Lic.	18 1		19	CDL	_	ear_2016	Ve	eh Ma	ke_HY	_			N	_	20	-
4	Operator WA		FRANCIS		Endorsment		HYUNDAI LI	EASE		ITLIN		UST		Mid	dla		- 1
2	Address 297 W	VOODWARD ST	FREET		Wildle	Addres	2975 BRCKN	RDG I	BLVE)							-
	City WABAN State MA Zip 02468					City DULUTH State							-				
5	Insurance Company_PLYMOUTH ROCK						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to								le Up to Thre	e)	
5 1	Vehicle Travel Direction: N S E M Responding to Emergency?					Event Sequence 1 22 22 22 22 2 2 3 4 10							10 Undercarri	iage			
	Citation # (If Issued) Violation 1: ChSecViolation 2: ChSec						Most Harmful Event 1 9 5 11 To							11 Totaled	age		
⁶ 1	1	1: ChSec 3: ChSec					Contributing Co	ode	99	Towed	N N	8	7	<u> </u>	6		
	Please to Name (Last Fir Operator	fill out for opera	ator and all oc		Address See Above		Age/DOB	Sex	26 Seat Pos.	System	28 Airbag Status \$	29 30 Ejec witch Code 99 0	31 Trap Code	32 Injury Status	33 Fransp. Code	Medical Facili	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
⁷ 3	Please Select C		2 <u>4</u> #Occup	ants Non	n-Motorist A Typ	pe 1	4 Action 1	5 Loc	cation]	16 Co	ndition	17		Hit/Ru	ın Mop	ed
	License#		St_	MA DOB/A	Age======	Reg#	384WT6				Reg	Type_PA	N	Re	o Stat	e_MA	-
	Sex_F Lic. 0	18 1		19	CDL	υ -		Ve	h Ma	ke_CH	-	-JPC			Config	20	-
⁸ 2	Operator BIN	[G	JIANG First		Endorsment	Owner	ZHAO	,	Z	HAO	First			Mid	dla		_
	Address 109 T	REMONT STRE	EET (apt. 417)			Addres	ss 109 TREMON	NT STI	REET								-
	City BRIGHT			State MA Zi	ip <u>02135</u>	City B	RIGHTON							MA			-
	Insurance Company GOVT EMPLOYEE INS					Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									e)		
	Vehicle Travel Direction: NXEW Responding to Emergency? Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec						Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2										iage
	Pl	Please fill out for operator and all occupants involved										29 30 Airbag Ejec	31 Trap	32 Injury	33 Transp.		\dashv
		Name (Last First Middle) Operator/Non-Motorist Address See Above					Age/DOB	Sex	Pos.	System	Status 99	Switch Cod	le Code	Status 5	Code 1	Medical Facil	ity
	ZHAO, YIZE			109 TREMONT BRIGHTON, M	ST			M	6			99 0	0	5	1		\dashv
	ZHAO-JIANG	, LEZHAN		109 TREMONT BRIGHTON, M	ST			М	7	4	4	99 0	0	5	1		
	ZHAO-JIANG	, LEYI	:	109 TREMONT BRIGHTON, M	ST			F	9	4	4	99 0	0	5	1		



	→ Direction 1 = V	ehicle 1 2	₹Vehicle 2	₽ Pedestrian							
Crash Diagram:	ie: → 1	2] →	Ŷ							
					If Crash <u>Did Not</u> Occur on a Public Way:						
					Off Street Burling Lat						
					Off-Street Parking Lot						
					Garage						
					☐ Mall/Shopping Center						
					☐ Other Private Way						
					Indicate North by Arrow						
Crash Narrative:		,	,	,							
She stated vehicle one to	urned into her vehic	ele.									
Also in her vehicle were	her three children	who were a	ll in child s	eats.							
YIZE ZHAO d.o.b. 4-20-14											
sitting in second seat right side											
LEZHAN ZHAO-JIANG d.o.b. 5-4-16											
sitting third row left side											
LEYI ZHAO- JIANG d.o.b. 5-4-16											
sitting third row right side.											
There were no reported in	njuries and all part	ies were a	dvised of the	process.							
Witnesses:	,										
Name (Last, First, Middle)	Ad	ldress			Phone # Statement						
Property Damage:	·										
Owner (Last, First, Middle)	Address		Phone #	34-Type Descri	ption of Damaged Property						
Truck and Bus Information:	Registration #	·	(From Vehi	cle Section)							
Carrier Name	Registration #		(From ven	,	Carrier Issuing Authority Code 35						
Address		(City		St Zip						
US DOT #:					36						
37	ross Vehicle Weight 38		· · · · · · · · · · · · · · · · · · ·								
Trailer Reg #:		Reg State	Reg Veer	Trailar I a	age th						
Hazmat Information:	reg 1 ypc	neg state	Keg i eai	Hallet Let	15111						
Placard 40 Material 1 dig	it # 41 Material Name			Material 4 digit # _	Release code 42						
ROCCO D MARINI		13963	NEWTO	N POLICE DEPARTN	02/26/2019						
Police Officer Name (Please Print)	Signature			artment	Precinct/Barracks Date						