|                       | Police Use Only  Commonwealth of Massachusetts  RMV Document Number             |                                 |   |   |                     |                           |                         |                      |   |               |
|-----------------------|---|---------------------------------|---|---|---------------------|---------------------------|-------------------------|----------------------|---|---------------|
|                       |   | ity/Town <b>M</b>               | otor Veh  | icle Cras   | sh Numbe            |                           | Speed Lin               |                      |   | <u>ק</u>      |
|                       | 03/10/2019 09:29 NEWTON   |                                 | Police 1  |   | Vehicle<br>1        | s Injured 0               | Latitude _<br>Longitude |                      | State Police<br>Local Police<br>MBTA Police<br>Other: | ב             |
|                       | AT INTERSECTION   | ON:                             |   | _   |                     |                           | AT INT                  |                      |   |               |
|                       | ATIVIERSECTION  |                                 | LOCA  |   |                     |                           |                         | EKSEC                | 11011.  | <b>2</b> 9    |
| 1                     | Route# Direction Na   |                                 |   | EAST  | 370 Address #       | WOLCO                     |                         | D d/C                | 4   | -             |
| 1                     | Route# Direction Name of Roadway/Street  At                                     |                                 |   | Route# Direction Address # Name of Roadway/Street                   |                     |                           |                         |                      |   | - <b>2</b> 10 |
|                       |   |                                 | Feet NSEW of or Exit Number   |   |                     |                           |                         |                      |   |               |
|                       | Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with |                                 |   | Feet N S E W of   |                     |                           |                         |                      |   |               |
| 2                     | 1 130 % 110 300001 7 111  |                                 |   | Route# Intersecting Roadway/Street Feet NSEW of                     |                     |                           |                         |                      |   | 11            |
| 4                     | Route# Direction Name of Intersecting Roadway/Street                            |                                 |   | Feet NSEW of1   |                     |                           |                         |                      |   |               |
| 3                     | XVehicle 1 1 #Occupants Hit/  |                                 |   |   |                     |                           |                         | 7                    |   |               |
|                       | , <u> </u>  |                                 | 1900000259  |   |                     |                           |                         |                      |   |               |
|                       | 18 18   | St MA DOB/Age                   | •   | AFA2909   |                     |                           | e PAS                   | Reg St               | tate WI   |               |
|                       | Sex_F Lic. Class D Lic. Restr   |                                 | EICO Veh Y  | ear_2004  | Veh Make_           | LEXUS                     |                         | _ Veh Conf           |   |               |
| 4<br>1                | Operator WU YAQI  Last Firs   |                                 | Owner   | CHANG Last  | LIU                 | First                     |                         | Middle               |   | <b>3</b> 12   |
|                       | Address 8 LOWELL PLACE  |                                 | Addres  | SS 514 (apt. 304) V   | W DORY ST           |                           |                         |                      |   |               |
|                       | City WALTHAM  | City WALTHAM State MA Zip 02453 |   |   | City MADISON        |                           |                         | State_WI Zip_53703   |   |               |
|                       | Insurance Company GEICO   |                                 |   | Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to The |                     |                           |                         |                      |   | )             |
| 5                     | Vehicle Travel Direction: NSWW  | y? Event                        | Event Sequence 20 22 21 22 22 22 3 4                                  |   |                     |                           |                         |                      |   |               |
|                       | Citation # (If Issued)  |                                 |   |   | 23                  |                           | _   }                   | یا ا او              | Undercarriag 5 11 Totaled                             | ge            |
|                       | Violation 1: ChSec Vio  | lation 2: ChSec                 | Driver  | Contributing Cod  | de 7 24             | 24                        |                         |                      | - 11 Totaled  |               |
| <sup>6</sup> <b>3</b> | Violation 3: ChSec Vio  | lation 4: ChSec                 | Under   | ride/Override   | 25 Tow              | <sub>ved_Y</sub> 8        | 7                       | ' 6                  | 5   |               |
|                       | Please fill out for operator and all occupants involved                         |                                 |   |   | 26 2<br>Seat Safet  | 7 28 29<br>y Airbag Airba | g Eject Trap            | Injury Trans         | 33<br>sp.   | <b>20</b>     |
|                       | Name (Last First Middle)  Operator  | Addres See Abo                  |   | Age/DOB   | Sex Pos. Syste      | m Status Switc            | h Code Code  0 0        | \$tatus Code         | NONE  |               |
|                       | -   |                                 |   |   |                     |                           |                         |                      |   |               |
|                       |   |                                 |   |   |                     |                           |                         |                      |   |               |
|                       |   |                                 |   |   |                     |                           |                         |                      |   |               |
|                       |   |                                 |   |   |                     |                           |                         |                      |   |               |
| 7<br><b>1</b>         | Please Select One of the Following:   | cupants Non-Motori              | st A Type   | Action 15   | Location            | 16 Condi                  | tion 17                 | Hit/                 | Run Mope  | 1             |
|                       | f the Following:  |                                 |   |   |                     |                           |                         |                      |   |               |
|                       | License #   | Reg#                            | Reg # Reg State           20  |   |                     |                           |                         | tate                 |   |               |
|                       | Sex_M Lic. Class Lic. Restrictions CDL Endorsment                               |                                 |   | ear   |                     | Veh Config.               |                         |                      |   |               |
| ${f 1}^8$             | Operator ALVES DENNIS  Last First Middle  |                                 |   | Owner Last First Middle   |                     |                           |                         |                      |   |               |
|                       | 270 MOLCOTT CT  |                                 |   | Address   |                     |                           |                         |                      |   |               |
|                       | City WEST NEWTON  | City _                          | City State Zip  |   |                     |                           |                         |                      |   |               |
|                       | Insurance Company   | Vehicle                         | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) |   |                     |                           |                         |                      | )   |               |
|                       | Vehicle Travel Direction: NSEW Responding to Emergency? Ev                      |                                 |   | vent Sequence 22 22 22 22 3 4                                       |                     |                           |                         |                      |   |               |
|                       | Citation # (If Issued) Most   |                                 |   | Most Harmful Event 23 10 Undercarriage 5 11 Totaled                 |                     |                           |                         |                      |   | ge            |
|                       | Violation 1: ChSec Vi   | Driver Contributing Code 24 24  |   |   |                     |                           |                         |                      |   |               |
|                       | Violation 3: ChSec Vi   |                                 |   | ride/Override   | 25 Towe             | ed8                       | 7                       | , ,                  | 5   |               |
|                       | Please fill out for operator as   |                                 |   |   | 26 27<br>Seat Safet | 7 28 29<br>y Airbag Airba | g 30 31<br>Eject Trap   | 32 3<br>Injury Trans | 33<br>sp.   | 1             |
|                       | Name (Last First Middle)  Operator/Non-Motorist                                 | See Abo                         |   | Age/DOB   | Sex Pos. Syst       | em Status Swit            | ch Code Cod             | Status Cod           | Medical Facility NONE                                 |               |
|                       | 1   |                                 |   |   |                     |                           |                         |                      |   | +             |

