

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/10/2019	Time of Crash 11:53 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 304 LOWELL AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				Route# Direction Name of Roadway/Street Feet N S E W of Intersecting Roadway/Street Landmark				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Name of Intersecting Roadway/Street				Route# Direction Name of Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street				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 190000260		
License # --- St MA DOB/Age ---			Reg # 7ZLR382 Reg Type PQN Reg State CA			Veh Year 2018 Veh Make KIA Veh Config. 1 20			Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment		
Operator LIN HANBO			Owner HERTZ			Address 32 MILLER ROAD			Address 9225 AVIATION BLVD		
City NEWTON State MA Zip 02459			City LOS ANGELES State CA Zip 90045			Insurance Company AAA CASUALTY			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 22 1 22 1 22 1 22			Most Harmful Event 1 23			Driver Contributing Code 19 24 19 24		
Citation # (If Issued)			Underride/Override 25 Towed Y			Citation # (If Issued)			Citation # (If Issued)		
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec		
Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec		
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved		
Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex		
Operator See Above			Operator See Above			Operator See Above			Operator See Above		
LIN, HAI			32 MILLER RD NEWTON, MA 02459			LIN, HAI			32 MILLER RD NEWTON, MA 02459		
Please Select One of the Following:			Please Select One of the Following:			Please Select One of the Following:			Please Select One of the Following:		
<input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---			Reg # 4MJ662 Reg Type PAN Reg State MA			Veh Year 2013 Veh Make SUBARU Veh Config. 1 20			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment		
Operator DAVIS PAIGE			Owner (Same as operator)			Address 101 ALDER ST (apt. 1)			Address		
City WALTHAM State MA Zip 02453			City State Zip			Insurance Company USAA CASUALTY			Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 22 1 22 1 22 1 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 1 24		
Citation # (If Issued)			Underride/Override 25 Towed Y			Citation # (If Issued)			Citation # (If Issued)		
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec		
Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec		
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved		
Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex			Name (Last First Middle) Address Age/DOB Sex		
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above		

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Page Davis states that she pulled over to the side of the road on Lowell Ave for an oncoming ambulance.

Davis states that she looked in her mirror to enter the traffic lane. Davis saw vehicle #1 a distance back.

Davis then went to enter the traffic lane and she was struck in the left rear by vehicle #1.

Hanbo Lin was operating vehicle #1. Lin states that he saw vehicle #2 attempt to merge into traffic. Lin went to step on the brake and his vehicle slid into Davis due to the weather/road conditions. No injuries.

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