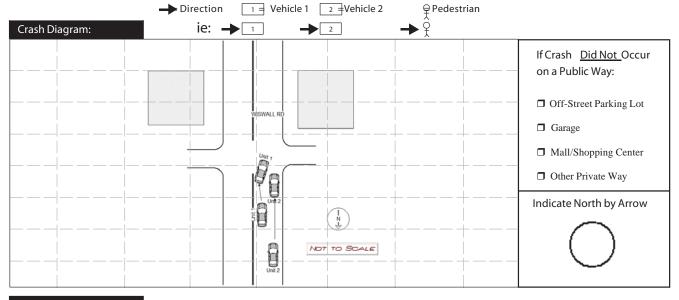
	Poli	ce Use Only		Commonwe	alth (	of Massa	achus	setts			RMV	V Docur	nent Number	
	Date of Crash 03/17/2019	Time of Crash	NEWTON	MIOTOI		iicle Cra Report	sh [	Number /ehicles 2	Number Injured	Latit	d Limi ude gitude_		State Police Local Police MBTA Police Other:	XI XI
		AT INTEL	RSECTION:		LOCA		>						CTION:	$\neg$ $\vdash$
		111 111111					90		WISWA				0110111	2
1	Route# Direc	tion —	Name of	Roadway/Street		Route# Direction	89 on Add	ess #				Roadway	/Street	
1	At												2	
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Mile Marker Exit Number							_	
			Also at Inters	·		Feet [N	N S E V	of of	Route#		ntersec	ting Roa	dway/Street	-
2 1						Feet [1	N S E V	of						4
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
ر 	XVehicle1	#Occupants	Hit/Run	Moped Case	e Number		190	0000296						
	License#		St_MA		_ Reg#	332JS7			_Reg Ty	pe_PAN	V	Reg	State MA	
	Sex_M_ Lic.	Class D 18	Lic. Restriction	CDL	_ Veh Y	ear_2011	Veh !	Make_SU	BARU			Veh Co	nfig. 20	
4	Operator WO	NG Last	CHEUNG	Endorsment  W  Middle	_ Owne	(Same as open	ator)		First			Middle		- 1
1	Address 89 W	ISWALL RD			Owner         (Same as operator)           Last         First         Middle           Address							- F		
	City NEWTON State MA Zip 02459				City_						_State	2	Zip	_
	Insurance Com	pany COMME	RCE		Vehic	le Action Prior to	Crash	3 21		amage	d Area	Code: (0	Circle Up to Thi	ree)
5	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency?	Event	Sequence 1 2	22 22	22	$22$ $\Theta$		3		4	
	Citation # (If I	ssued)			Most	Harmful Event	1 23		1	+	9	$\left( \cdot \right)$	10 Undercar 5 11 Totaled	riage
6	Violation	1: ChSe	c Violation	2: ChSec	Drive	r Contributing Co		24	24		$\sqrt{1}$	$\sum$	6	
<sup>6</sup> 1		3: ChSe	Underride/Override Towed Y											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos	26 27 at Safety s. System	28 29 Airbag Airba Status Swite	9 30 Eject Code	31 Trap Code	32 Injury Tra Status Co	33 ansp. ode Medical Facil	lity 1
	Operator			See Above				- 1	4 4	0	0	5 1		
7 <b>1</b>	Please Select C of the Followi	I X Vehicle	e2 1_#Occupant	s Non-Motorist A Ty	ype	14 Action 1	5 Locati		Cond	ition	17	Hi	t/Run Mor	ped
	License#St MA DOB/Age					Reg # 2YG418 Reg Type PAN Reg State MA					State_MA			
	Sex_M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL					eh Year 2012 Veh Make TOYOTA Veh Config. 1								
8 1	Operator CAI WEI Endorsment					Owner (Same as operator)								_
1	Last First Middle Address 37 CHASE ST					Last First Middle Address								_
	City NEWTON State MA Zip 02459					CityStateZip							_	
	Insurance Company LM GENERAL					Vehicle Action Prior to Crash  9 21  Damaged Area Code: (Circle Up to Three)							ree)	
	Vehicle Travel Direction: NEW Responding to Emergency? E					Event Sequence 1 22 22 22 2 3 4								
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							riage	
	Violatio	n 1: ChS	Drive	Driver Contributing Code 4 24 24										
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed Y								
	Pl Name (Last Fi		r operator and all	occupants involved		Age/DOB	Sex Po	26 27 Safety 2 System	28 29 Airbag Airba Status Swi	g 30 Eject tch Code	31 Trap e Code		33 ansp. code Medical Fac	ility
		Non-Motorist		See Above					4 4	0	0	5 1		
										+				



## Crash Narrative:

On Sunday 3/17/19 at approximately 1606 while assigned to marked unit n499 I was dispatched to the area of 89

Wiswall Rd. for a report of a two car motor vehicle crash with no injuries.

Upon arrival I spoke with WONG Cheung, the operator of motor vehicle #1. WONG states that he was traveling southbound on Wiswall Rd. from Dedham Street when he was attempting to pull into his driveway at 89 Wiswall Rd. WONG further states that as he attempted to turn Motor vehicle #2 passed him on the inside causing him to strike motor vehicle#2 on the drivers side. WONG stated to me that he used his right turning signal.

Operator of motor vehicle#2, CAI Wei, states that he was traveling behind motor vehicle#1 and he thought that motor vehicle #1 was taking a left into 88 Wiswall Rd. He states that Motor vehicle #1 made movement to the left toward the center yellow double line as if he was turning left so he attempted to pass motor

(Continued on next page)

·										
Witnesses:										
Name (Last, First, Middle)	Address		Phone	Phone #						
Property Damage:										
Owner (Last, First, Middle)		Phone # 34-Type Description o				n of Damaged Property				
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier NameCarrier Issuing Authority Code										
Address City St Zip										
			Issuing State ICC #: Interstate 36							
Cargo Body Type Code Gross Vehicle Weight 38 39										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me	Material 4 digit # Release code				42				

	Direction 1	→ Vehicle 1	2 ≢Vehicle 2	₹ Pedestr	ian	
Crash Diagram:	ie: → 1	<b>→</b>	2	₽Ŷ		
Crash Diagram:	Ie: → 1			<b>→</b> X	If Crash Did on a Public V  Off-Street Garage Mall/Shop Other Priva	Parking Lot ping Center ate Way
Crash Narrative:				 		
vehicle#1 when it suddenly	turned right	into 89 Wiews	ll Pd causi	ng him to	etrike the front nace	enger side of
the motor vehicle. CAI st	tates that motor	r venicle #1	never used	a turn sig	naı.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
rame (zast) msty madie)		71441.033			THORE #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Proper	rty
			+			
Truck and Bus Information:			-			
			(From V			35
Carrier Name					Carrier Issuing Author	rity Code
Address			City		St Zi	ip
			•			36
US DOT#:	_ State Number		Issuing State	ICC #:_	Intersta	nte
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
		D Cr	P 77	TO.	39	
Trailer Reg #:	Keg Type	Keg State	Keg Year_	Tra	auer Lengtn	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	Vame		Material 4	digit # Release c	code 42
ALAN JR RICHARD SOLOMAN.			NET	WTON POLICE DEPART?		03/17/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)