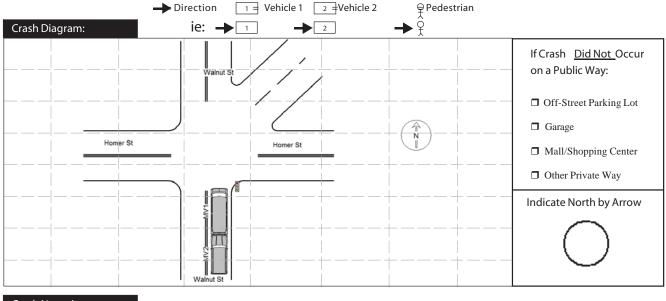
	Poli	ice Use Only		Comr	nonwea	lth (	of Mass	sac	hus	etts				RMV	/ Doc	umen	t Number		
	Date of Crash 03/25/2019	Time of Crash 08:55	City/ NEWTON	Γown	Motor Pol		icle Cr Report	ash		ımber ehicles	Nun Inju	red I	Latitu	Limit de tude_		- Si	tate Police ocal Police IBTA Police ther:	N X	
		AT INTER	     SECTION	•		LOCA		>	2	1	_						ION:		
			DEC1101								1.11	01		- 1111			10111		1
1	NOR			of Poodway/Stra	ot .	[	Poute# Direc	tion	Addre	ee #			Nam	e of P	oadw	ox/Stra	aat		
1	Route# Direction Name of Roadway/Street  At  HOMER ST					Route# Direction Address # Name of Roadway/Street										2			
						Feet NSEW of -					—— —— • —— or Mile Marker						-		
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with						Feet N S E W of												
2 <b>1</b>	-						Route# Intersecting Roadway/						y/Street		2				
1	Route# Direction Name of Intersecting Roadway/Street						Landmark											_	
3	XVehicle1 3 #Occupants ☐ Hit/Run ☐ Moped Case						Number 1900000315												
					Case I		100115		17000	000313			CDM				364		
	License #	18 1		19		-	103115			EC							e MA	_	
	Sex_M_ Lic.		Lic. Restricti		CDL Indorsment		ear_2014			ake					Veh (	Config	. 2		
<sup>4</sup> 3	Operator MA	Last	First		Middle		HARRISON I SS 224 CALVA				First				Mid	ldle		-	1
	Address 22 QU			MA	02452										МА		02452	_	
	City WATER			State MA Zip	02472	-	VALTHAM			2	1					_ ^	02452	-	
5	1	npany NATIONA				Vehicle Action Prior to Crash  21  Damaged Area Code: (Circle Up to Three)  22  22  22  23  4										ee)			
1		Direction:	S E W Ro	esponding to Em	ergency?		Sequence 1	$\vdash$	23					Ť	$\overline{A}$		10 Undercar	riage	
	Citation # (If I					Most I	Harmful Event	1		24	24	1	-	9			11 Totaled	nage	
<sup>6</sup> 1	1	1: ChSec				Driver	Contributing	Code	25			8	V	/   7	$\mathcal{L}$	)			
1		3: ChSec				Under	ride/Override			Towe			20	21	22		I		_
	Name (Last Fir	fill out for opera	ator and all oc	cupants involve	Address		Age/DOB	Sex	Seat Pos.	27 Safety System	28 Airbag Status	Airbag I Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Fransp. Code	Medical Facil	ity	1
	Operator See Above							-		1	4	4	0	0	5	1			
	ZHOU, WENLEI 34 FRANCI NEWTON,			NEWTON, MA	02459			M	3	4	4	4	0	0	5	1			
	THATCHER,	TRISTAN		37 WOODEND : NEWTON, MA (				M	6	4	4	4	0	0	5	1			
<b>8</b>	Please Select C of the Followi		2 <u>2</u> #Occup	ants Non-N	Motorist A Typ	e 1	Action	15	Location	n	16 Co	onditio	n	17		Hit/Ru	ın Mor	oed	
	License#		St	RI DOB/Ag	re	Reg # MP631					Reg Type PAN Reg State MA								
	Sex_F Lic.	18 1		19	CDL	Veh Year 2016 Veh Make TOYT Veh Config.						20	_						
8	Operator ANS		CINTIA	Е	Indorsment	Owner ANSAY MICHAEL													
1		TEN ROD RD	First		Middle		SS <b>1751 TEN I</b>	ast ROD I	RD		First				Mid	ldle			
	City EXETER			State_RI Zip	02822	City EXETER State RI Zip 028							02822						
	Insurance Company COMMERCE  Vehicle Travel Direction: X S E W Responding to Emergency?  Citation # (If Issued) T1272996					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Ti									ee)				
							Sequence 1	22	22	22	22	2		3	λ	4			
						Most Harmful Event 4 23								riage					
	Violation 1: Ch_A7/17_Sec Violation 2: ChSec  Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved						Driver Contributing Code 19 24 24 5 11 Totaled												
													6						
									26 Seat			29 Airbag	30 Eject	31 Trap	32 Injury	33 Transp.			
	Name (Last Fi	Non-Motorist		Sec	Address e Above		Age/DOB	Se		System 1	Status 4	Switch	Code 0	Code 0	Status 5	Code 1	Medical Faci	ility	
	ANSAY, GABI		I	751 TEN ROD R	D			М	4	4	4			0	5	1			
	ANOAI, GADI	NiLL	1	EXETER, RI 0282	2			141	*	*	**	±	U	U	3	1			
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## Crash Narrative:

MV1, a City of Newton contracted school van, was the first car stopped at the red light north on Walnut St at

Homer St. MV2 was slowing as she approached the red light and rear ended MV1.

According to MV1, driver of MV2 got out of her MV and looked at both MVs. She then got back into her car and when the light turned green they both pulled over just past the intersection. MV2 asked MV1 if she hit him and he stated yes. She stated that she did not see his van, which is bright blue.

MV2 operator stated to me that she was stopped at the traffic light and thought MV1 backed into her. When I told her MV1 statement she didn't argue.

There was minimal damage to MV1. The outline of MV2 license plate was imprinted in dust on the bumper. There was no visible damage to MV2.

Address			Phone #	Statement
,				
Address	Phone #	34-Type	Description of Damaged Property	
			Carrier Issuing Authority C	ode 35
	City		St Zip	
			Г	
	Issuing State	ICC #:	Interstate	36
e Number	Issuing State	ICC #:		36
38	- U		39	36
ehicle Weight 38	- U		39	36
	Registration #	Registration #(From Vehi	Registration #(From Vehicle Section)	Registration #(From Vehicle Section)  Carrier Issuing Authority C

MICHAEL WADE		:	NEWTON POLICE DEPARTM		03/25/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestri	ian						
Crash Diagram:	ie: →□	1 -	2	<b>₽</b>							
					If Crash <u>Did Not</u> on a Public Way:	Occur					
	i				☐ Off-Street Parki	ng Lot					
					☐ Garage						
		-  + 									
		-			☐ Mall/Shopping 0						
	ļ				☐ Other Private W	ay					
		- +			Indicate North by	Arrow					
	į	į į	į		( )						
C IN "											
Crash Narrative:  I took pictures of the da		- M72									
The following parents re			their children								
Wenlei Zhou for Sohia Zho		10145415 101									
Katie Thatcher for Trista											
Both students went to scl											
The students go to the No	ewton Early Chi	ldhood school	on Jackson Rd	•							
The students go to the Newton Early Childhood school on Jackson Rd.											
Witnesses:											
Name (Last, First, Middle)		Address			Phone #	Statement					
Dua ca auto Da coa a ca											
Property Damage:  Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property						
owner (East, Frist, Middle)	/ dairess		Thone #	эттурс	Description of Damagea Froperty						
Truck and Bus Information:	Registration # _		(From Veh	icle Section)		35					
Carrier Name					Carrier Issuing Authority Co						
Address			City		St Zip						
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36					
Cargo Body Type Code 37 G	bross Vehicle Weight	38									
 Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length						
Hazmat Information:											
Placard 40 Material 1 dig	it # 41 Material	Name		_ Material 4 d	ligit # Release code	42					
MICHAEL WADE			NEWI	ON POLICE DEPARTS	03/25/	2019					

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)