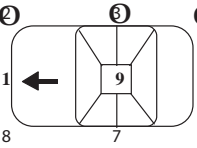
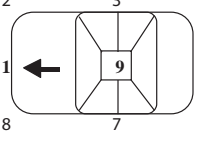


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/26/2019	Time of Crash 16:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>5</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 916 WALNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000320				
License # _____ St MA DOB/Age _____			Reg # 5HM562		Reg Type PAN		Reg State MA				
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>2</u> <u>19</u> CDL _____			Veh Year 2018		Veh Make VOLKSWAGON		Veh Config. <u>2</u> <u>20</u>				
Operator ZHANG LIBIN Last First Middle			Owner (Same as operator)		Last First Middle						
Address 250 HAMMOND POND PKY (apt. 515N)			Address _____		City _____ State _____ Zip _____						
City NEWTON State MA Zip 02467			Vehicle Action Prior to Crash <u>2</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)						
Insurance Company GOVT EMPLOYEE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				10 Undercarriage 5 11 Totaled				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>1</u> <u>23</u>		Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>						
Citation # (If Issued) _____			Underride/Override <u>25</u>		Towed N						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____		Violation 4: Ch _____ Sec _____						
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		Medical Facility				
Operator			See Above		-----		---				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St MA DOB/Age _____			Reg # 7HE351		Reg Type PAN		Reg State MA				
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2017		Veh Make SUBARU		Veh Config. <u>2</u> <u>20</u>				
Operator SEIDER BONNIE Last First Middle			Owner (Same as operator)		Last First Middle						
Address 184 BROOKLINE ST			Address _____		City _____ State _____ Zip _____						
City NEEDHAM State MA Zip 02492			Vehicle Action Prior to Crash <u>10</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)						
Insurance Company AMICA			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				10 Undercarriage 5 11 Totaled				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>1</u> <u>23</u>		Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>						
Citation # (If Issued) T1442192			Underride/Override <u>25</u>		Towed N						
Violation 1: Ch <u>90/24/C</u> Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____		Violation 4: Ch _____ Sec _____						
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		Medical Facility				
Operator/Non-Motorist			See Above		-----		---				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

BEACON ST

916 WALNUT ST

WALNUT ST

← N →

NOT TO SCALE

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:

MV1 was backing out of her parking spot in the parking lot at 916 Walnut St when she stopped to allow a pedestrian to cross in front of her vehicle. While she was waiting for the pedestrian to cross safely a vehicle backing out of the parking space across from hers backed into her vehicle and left the scene. Operator 1 was able to obtain a photo of the license plate. I then was able to contact operator 2 on the phone who stated she was at 916 Walnut St and "tapped" a vehicle when leaving and then left the scene. No injuries and both vehicle driven from the scene. MV1 sustained minor damage to the passenger side. Operator 2 states there is no damage to MV2. Operator 2 issued and mailed MA Uniform Citation T1442192 for leaving the scene property damage.

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

TIMOTHY WALTON **NEWTON POLICE DEPARTMENT** **03/26/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00