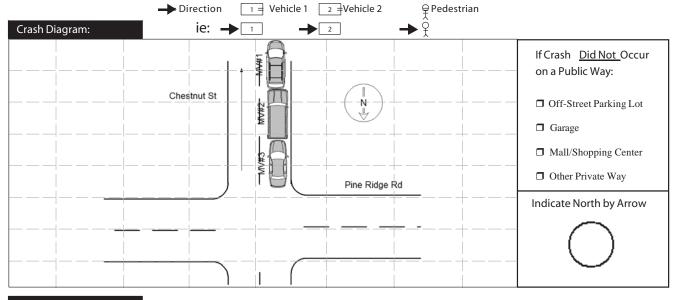
	Poli	ice Use Only		Comn	nonweal	lth o	of Mass	ach	use	etts			RN	AV Do	cume	nt Number		
	Date of Crash 03/29/2019	Time of Crash 14:53	City/	Cown			icle Cra	sh		ımber hicles	Num Inju		peed Li atitude			State Police Local Police MBTA Police	N N	
		24HR					Report		3		3		ongitud		(Other:		
		AT INTER	RSECTION		< I	OCA	ΓΙΟΝ	>			N(OT A	T IN	TERS	SECT	TON:		2
	SOU	TH CHEST	NUT ST															_
1	Route# Direct	tion	Name	of Roadway/Street	t		Route# Direction	on A	Addres	ss#			Name o	f Roady	way/Sti	reet		2 10
	EAST	r PINE R	IDGE RD	At			Feet	N S I	E W	of -			• _	or _			_	Ē
	Route# Direc	etion N	Name of Intersec	ing Roadway/Stre	eet	<u> </u>	Feet	NI CIT	2 [337]	- C	Mil	e Mark	er		I	Exit Number		
			Also at Int	ersection with		ľ	_				Rou	te#	Inters	ecting	Roadw	ay/Street	-	11
2 2	Route# Direction Name of Intersecting Roadway/Street				Street	Feet N S E W of									2			
3				1									ı	_andma	ırk			1
3	XVehicle1	2_#Occupants	Hit/Ru	n Mope	ed Case N	Number		:	19000	00327								
	License#	18 18	St	DOB/Age		Reg#_	6ZS131				_Reg	Type_I	PAN	I	Reg Sta		_	
	Sex_F_ Lic. 0	Class D	Lic. Restricti	ons 2 CI	DL	Veh Ye	ear_2017	V	eh Ma	ike_TC	YOT	4		Veh	Confi	g. 20		
4	Operator OH	Last	JUKYUNG First	En		Owner	(Same as ope	rator)			First			M	liddle		_	1 12
1	Address 34 CU	JRVE ST				Addres	ss										_	
	City NEWTO	N	;	State_MA_Zip_	02465	City_							Sta	ite	Zip		_	
	Insurance Com	pany GOVT EM	IPLOYEE			Vehicle	e Action Prior to	o Crash	ı	2	1	Dama	aged Ar	ea Cod	e: (Circ	cle Up to Thr	ee)	
5 1	Vehicle Travel	Direction: N	X E W Re	sponding to Eme	rgency?	Event	Sequence 1	22	22	22	22	2		3	4			
	Citation # (If Is	ssued)				Most I	Harmful Event	1 2	23			14	_ }	9	6	10 Undercari	riage	
	Violation	1: ChSec	Violati	on 2: ChS	ec	Driver	Contributing C	ode	1 2	24	24			ÍV		711 Totaled		
⁶ 2	Violation	3: ChSec	Violati	on 4: ChS	ec	Under	ride/Override	2	25	Towe	ı <u>N</u>	8		7	6			
		fill out for opera	ator and all occ			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Sex Pos. \$ystem Status Switch Code Code Status Code Medic). l		13 1				
	Name (Last First Operator	st Middle)			Address		Age/DOB	Sex	Pos.			witch C		e Status	Code 1	Medical Facil	ıty	<u> </u>
	JUNG, YOON			08 BOYLSTON S				F	3	99	4	4	0	4	1			
	, , , , , , , ,		1	NEWTON, MA 02	2461								+	-	+			
													_					
3	Please Select C of the Followi	IX Vahida	2 <u>2</u> #Occupa	nts Non-M	lotorist A Type	e 1	Action S	15 Lo	cation	1	16 Co	nditior	1	7	Hit/R	un Mor	oed	
	License#		St 1			Reg#	3CS455				_Reg	Type_1	PAN	I	Reg Sta	MA MA	_	
	Sex_M_ Lic. 0	Class D 18 19	Lic. Restricti		DL	Veh Ye	ear_2018	V	eh Ma	ike_GN	МС			Veh	Confi	g. 20		
⁸ 2	Operator YUN	Last	BRIAN		Middle	Owner	(Same as ope	rator)			First				liddle			
_	Address 223 G	SATEHOUSE DI	R			Addres	SS										_	
	City MEDFIE	LD	:	State MA Zip	02052	City_							Sta	ite	Zip		_	
	Insurance Com	pany GEICO GE	ENERAL			Vehicle	e Action Prior to	o Crash	ı	2	1	Dama	aged Ar	ea Cod	e: (Circ	cle Up to Thr	ree)	
	Vehicle Travel Direction: N K E W Responding to Emergency? Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec				ergency?	Event	Sequence 1	22	22	22	22	2		3	4			
						Most Harmful Event 1 23 10 Undercarriage 3 11 Totaled							riage					
					Sec													
	Violation 3: Ch Sec Violation 4: Ch Sec					25 8 7 6												
		ease fill out for	operator and a	*					26 Seat	27 Safety	28 Airbag	29 Airbag H	30 3	31 32 Injury	Transp).		<u> </u>
	Name (Last Fi	rst Middle) Non-Motorist	[Above		Age/DOB	Sex	Pos.	System	Status	Switch 4 (Code Co	de Statu			ility	
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	TOIN, DEININY		I	RAMINGHAM, I	MA 01701		-	IVI	3	77	+	± (0	5	1			

	ice Use Only		Commonwea								ment Number	
Date of Crash 03/29/2019	Time of Crash 14:53	City/Town NEWTON	MIOTOI		icle Cra	$\mathbf{sh} \mid_{\mathbf{v}}^{\mathbf{N}}$	lumber ehicles	Number Injured	Speed Lin Latitude		State Police Local Police MBTA Police	
	24HR				Report		3	3	Longitud		Other:	
	AT INTE	RSECTION:	< I	LOCAT	TION :	>		NOT	AT IN	TERSE	CTION:	
Route# Direc	tion	Name of Ro	adway/Street	F	Route# Direction	n Addro	ess#		Name of	Roadway	/Street	
Ī				-	Feet N	SEW	of –	Mile Ma	• irker	or	Exit Number	
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1		Also at Intersect	ion with		Feet N	I S E W	of	Route#	Inters	ecting Roa	ndway/Street	_
Route# Direc	tion —	Name of Intersectin	g Roadway/Street	— [121-1] %		I	andmark		
X Vehicle 3	1 #Occupants	Hit/Run	Moped Case N	Number		1000	0000327					
	•	<u> </u>	- 1 Case 1		DI D024				DANI		364	_
License#	18	18	DOB/Age		9LD931						20	Г
Sex_F_ Lic.		Lic. Restrictions BROOKE	CDL Endorsment		2014					Veh Co	onfig. 1	i
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City BELLING		C+-+-]	MA Zip 02019		S					to	7in	_
'	npany LIBERTY		Zip <u>02017</u>	<i>-</i>	Action Prior to		21				Circle Up to Th	
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	ssued)		g to Emergency:		^	1 23					10 Undercar	rriage
`			ChSec		Contributing Co		24	<u></u> (1) ◀	┗╽╱	9	5 11 Totaled	
7	3: ChSe	Underride/Override 25 Towed N 8 7 6										
		rator and all occupar				20 Seat	6 27 Safety	28 29 Airbag Airbag	30 3 Eject Trap	1 32 Injury Tr	33 ansp.	
Name (Last Fir			Address See Above		Age/DOB	Sex Pos.	. System S	Status Switch	O O	status C	ode Medical Faci	lity
Diama Calasto)			10	4 1	5	1	6	1'	7		\neg
Please Select C of the Followi	I Vahicle	e# Occupants	Non-Motorist A Type	e l	Action	Location		Conditi	ion	∐ □ ∺	it/Run Mo	ped
License#		St	DOB/Age	Reg#_				_Reg Typ	e	Reg		
Sex Lic.	Class 18 1	Lic. Restrictions	CDL	Veh Ye	ear	Veh M	lake			Veh Co	onfig.	
Operator	Last	First	Endorsment	Owner	Lasi			First		Middle	e	_
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City		State_	Zip	City					Sta	te	Zip	_
Insurance Com	npany			Vehicle	Action Prior to		21		Ü		Circle Up to Th	ree)
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Name (Last Fi		r operator and all oc	cupants involved Address		Age/DOB	Sex Pos	Safety A S. System	28 29 Airbag Airbag Status Switc	30 3 Eject Trap h Code Co	1 32 Injury Tr de Status 0	ansp. Code Medical Fac	cility
Operator/	Non-Motorist		See Above				-					



Crash Narrative:

The operator of MV#1 stated she was stationary on Chestnut St (Southbound) at the intersection of Pine Ridge Rd when she was struck from behind by MV#2. MV#1 sustained minor damages to its rear end. There were no reported injuries to the operator MV#1 or its passenger. Both operator and passenger initially stated they were not injured but later stated they might have unknown injuries. Both parties refused medical attention and will arrange to see their personal doctors at a later time.

The operator of MV#2 stated he was stationary directly behind MV#1 when he was struck from behind by MV#3 which in turn pushed MV#2 forward striking MV#1. MV#2 sustained moderate damages to its rear end and front end. There were no reported injuries to the operator of MV#2 or its passenger. The operator of MV#2 initially stated he was not injured but later stated he might have injuries. He refused medical attention and will

	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged	l Property
Truck and Bus Information:	Registration #		(From Vehic	ele Section)		
Carrier Name				ic Section)	Carrier Issuing	Authority Code 35
						Authority Code
Carrier Name						Zip
			City		St	Authority Code
AddressUS DOT #:			City		St	Zip
AddressUS DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC#:	St	Zip
AddressUS DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC#:	St	Zip

-	Direction 1	1 = Vehicle 1 2	≥ ≠Vehicle 2	Pedestria	an	
Crash Diagram:	ie: →□	1 2	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		ļ			Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping C	Center
		-			Other Private Wa	у
		+			Indicate North by A	Arrow
Crash Narrative:	!					
arrange to see his person	al doctor at a	later time.				
The operator of MV#3 stat	ed she was trav	relling southb	ound on Chest	nut St whe	n MV#2 abruptly stopped.	The
operator of MV#3 stated s	he could not st	op in time an	nd struck MV#2	which in	turn pushed MV#2 into MV#	1. MV#3
sustained moderate damage	s to its front	end. There we	ere no reporte	d injuries	to the operator of MV#3.	
While clearing from the s	cene MV#2 turne	ed around and	pulled over t	to the side	of the street and got ou	it of his
vehicle. The operator of					_	
vibrate and lose power. H	is check engine	light appear	ed and appear	ed to be i	noperable. MV#2 was parke	ed on the
side of the street and the	e operator cont	acted a perso	onal tow for f	urther ass	istance.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, First, Middle)	Address		Filone #	34-1 ype	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	de
Address			,			36
US DOT #:		38	Issuing State	ICC #:	Interstate	
	oss Vehicle Weight				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year_	Trai	ler Length	
Placard 40 Material 1 digit	# 41 Material N	Name		Material 4 di	git#Release code	42
GITA K SETIABUDI		25111	l NEW	TON POLICE DEPARTM	03/29/2	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)