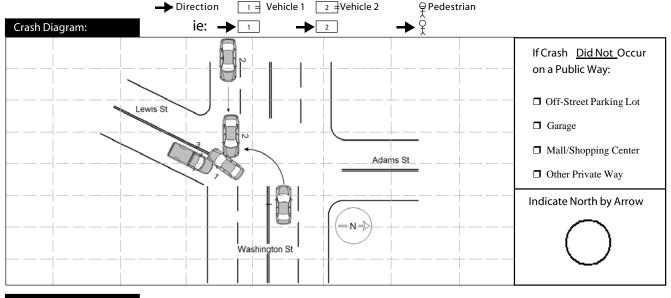
ſ	Poli	ce Use Only		Commo	nwealth	of N	Iassa	achu	sett	S		R	RMVI)ocume	ent Number	
	Date of Crash 04/26/2019	Time of Crash 17:39 24HR	City/I NEWTON	l'own N	Aotor V Police	ehicle e Rep		sh	Number Vehicle		ired]	Speed I Latitude Longitu	e		State Police Local Police MBTA Police Other:	N N
			SECTION:			CATION		>		N				RSEC'	TION:	
	SOUT	ГН ADAMS	S ST													2
1	Route# Direct			of Roadway/Street		Route#	Directio	on Ad	dress #	_		Name	of Roa	idway/S	treet	2
1	EAST	WASHI	NGTON ST	At			Feet N	NSE	W of			• _	— or			_ 2
	Route# Direc			ing Roadway/Street		_				M	ile Marl	cer			Exit Number	_
			Also at Into	ersection with		_	_Feet N	N S E	W of	Ro	ute#	Inte	rsectin	g Roadv	vay/Street	-
² 3						_	_Feet N	N S E	W of						,	3 ¹
	Route# Direct	tion	Name of Inters	ecting Roadway/Stre	eet	Landmark									_	
³ 2	XVehicle1	1_#Occupants	Hit/Ru	Moped	Case Num	ber		19	0000042	2						
	License#		St_N	IA DOB/Age	Re	g # 5ZES30)			Reg	g Type_	PAN		_Reg St	ate_MA	
	Sex_M Lic. 0	Class D 18 1	8 Lic. Restriction	ons 1 CDL	Ve	eh Year_2013	3	Veł	Make_	гоуот	'A		V	eh Conf	ig. 20	
4		NG Last	HONGXIN	Endor Mide	rsment Ov	vner <u>(Sam</u>	e as oper	rator)						Middle		- 1
3	Address 314 N	EWTONVILLE	AVE (apt. 2)	Mide		ldress								Middle		. 💾
	City NEWTO	N	s	tate_MA_Zip_024	60 Ci	ty						S	tate	Zi	p	_
	Insurance Com	_{pany} GEICO GE	ENERAL INSUI	RANCE	Ve	chicle Action	n Prior to	Crash	4	21	Dam	aged A	rea Co	ode: (Ci	rcle Up to Thre	ee)
5 2	Vehicle Travel	Direction: N	X E W Res	sponding to Emerge	ncy? Ev	ent Sequen	ce 1 2	22 1 22	22	22	0_		3	A 4	ŀ	
	Citation # (If Is	ssued)			M	ost Harmful	Event	1 23			_	_ `		ĺ) <u>,</u>	10 Undercarri 11 Totaled	iage
	Violation	1: ChSec	Violatio	on 2: ChSec_	Dr	iver Contril	outing Co	ode 4	24	99 24			\perp			
⁶ 2	Violation	3: ChSec	Violatio	n 4: ChSec_	Uı	nderride/Ov	erride	25	Tow	ed Y	8		7	•	5	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Ao	e/DOB		26 2 Seat Safet Pos. Syste	7 28 y Airbag m Status	29 Airbag Switch	30 Eject Tr Code Co	31 ap Inju	32 3 ury Trans itus Code	3 sp. Medical Facilit	1
	Operator			See Al					1	3		0 0		2	NONE	
⁷ 2	Please Select C	I A I Venicle	2 <u>1</u> #Occupa	nts Non-Moto	orist A Type	14 Acti		5 Loca	tion	16 C	onditio	n	17 [Hit/l	Run Mope	ed
	License#	<i>J.</i>	St N	IA DOB/Age	nge Reg # 1AK213				Reg Type PAN					Reg State_MA		
	License # St MA DOB/Age Sex_M Lic. Class D 18 18 Lic. Restrictions 1 CDL					20							20	-		
8	Operator KEN	rsment	Owner MCCOURT CONSTR													
⁸ 3	Last First Middle Address 170 WASHINGTON AVE					Last First Middle Address 60 (apt. 2) K ST								-		
	City_WINTHE			tate_MA Zip_021									tate MA Zip 02127			-
	Insurance Com		Damaged Area Code: (Circle Un to Three)								ee)					
	Vehicle Travel		venicle Action 1 not to Clash 1 22 22 22 22 23 60 3 4													
		/ehicle Travel Direction: N S X W Responding to Emergency?					Most Harmful Event 1 23							iage		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24 5 11 Totaled										
	Violation		Underride/Override Towed Y Towed Y													
ſ			operator and a	ll occupants involv		Seat Safety Airbag Airbag Eject Frap Injury Fra					32 3 ury Trans	sp.				
	Name (Last Fin	rst Middle) Non-Motorist		Ad See Ab	oove		ge/DOB	Sex	Pos. Syst	em Statu	Switch	Code C	Code St	atus Cod		lity
l	*							+	+	+				+		

Poli Date of Crash	Time of Crash		Commonwo					Number	RM Speed Lin		State Police	
04/26/2019	17:39	NEWTON			icle Cras Report	1	ehicles	Injured	Latitude _ Longitude		Local Police X MBTA Police Cother:	
	24HR	RSECTION:		LOCA		> 3	3	2 NOT	AT INT			
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Koute# Direc	tion	At	idway/Sireet								Sirect	
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1					Feet N	SEW		Route#	Interse	ecting Road	lway/Street	
Route# Direc	tion	Name of Intersecting	g Roadway/Street				-		L	andmark		
X Vehicle 3	_1_#Occupants	Hit/Run	☐ Moped Ca	se Number		1900	000422					
		St MA			2BYG31			D	ΡΔΝ	ъ.	а. МА	
License # Sex_M Lic.	18	18	DOB/Age 19 CDL	_	ear 2018					_	20	
		Lic. Restrictions BRYAN	S Endorsment							_ ven co	iiig. [-	
Address 54 W	ERS Last YOMING RD.	First	Middle		(Same as opera					Middle		
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	ssued)				1	1 23			. \	9	10 Undercarriag	
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Please	fill out for oper		Age/DOB	Sex Pos.	Safety Ai	28 29 rbag Airbag	30 3: Eject Trap Code Code	I 32 Injury Tra	33 nsp. de Medical Facility			
Operator			Address See Above		Age/DOB		- 1 4	tatus \$witch	0 0	\$tatus Co 10 1	NONE	
Please Select (Ono.				14 15	<u> </u>	16	1	17	1	<u> </u>	
of the Followi	I Vehicle	e# Occupants	Non-Motorist A	Туре	Action	Locatio		Conditi	on 1,]	:/Run	
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City		State_	Zip	City_					Stat	e2	Zip	
Insurance Com	npany			Vehic	e Action Prior to	Crash	21	_	U	`	Circle Up to Three)	
Vehicle Travel	Direction: N	S E W Respon	ding to Emergency?	Event	Sequence 22		22	22 2		3	4 10 Undercarriag	
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	n 1: ChS	Driver Contributing Code 24 24 7 6										
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Name (Last Fi		r operator and all occ	cupants involved Address		Age/DOB	Seat Pos	Safety Ai System	28 29 irbag Airbag Status Switch	30 S1 Eject Trap Code Cod	32 Injury Tra e Status C	nsp. ode Medical Facility	
Operator/	Non-Motorist		See Above				-					
							+					



Crash Narrative:

The operator of Vehicle #1 stated that as he was attempting to make a left turn from Washington St, to Lewis St, he collided with Vehicle #2. He added that he believed Vehicle #2 was travelling at a high rate of speed.

The operator of Vehicle #2 stated that as he was travelling Eastbound on Washington St, he collided with

Vehicle #1 as he attempted to make a left turn.

The operator of Vehicle #3 stated that Vehicle #2 was travelling at a high rate of speed, and went through the red light, prior to the collision with Vehicle #1. As a result of the collision with Vehicle #2, Vehicle #1 struck Vehicle #3 with its rear driver's side. Vehicle #3 was damaged in the front bumper, as well as the driver's side quarter panel.

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Pł	none #	Statement
VARQAWI , SAFI,		,					Y
Property Damage:	,						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of I	Damaged Property	
Truck and Bus Information: Carrier Name			(From Vehic		Carri	er Issuing Authority Cod	e 35
Address			City		St_	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	3)	
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

-	Direction 1	■ Vehicle 1 2	₂_ ‡ Vehicle 2	₽ Pedestria	ın	
Crash Diagram:	ie: →□	→ 2	2	→Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			— ☐ Off-Street Parkin	g Lot
					☐ Garage	
		+			☐ Mall/Shopping C	enter
					Other Private Wa	
					Indicate North by A	MIOW
			 			
Crash Narrative:			-			
The operator of Vehicle #	1 was transport	ed to Newton-	Wellesley H	ospital for	an evaluation.	
Both Vehicles 1, and 2 we	re towed by Tod	y's Towing Co	· .			
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Traine (Last, 1 ii st, 1 ii acie)		7.444.633			There is	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type [Description of Damaged Property	
Owner (Last, First, Middle)	Address		THORE #	эттуре г	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From '	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	de
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Trail	ler Length 39	
Hazmat Information:	44					421
Placard 40 Material 1 digit	# Material N	Jame		Material 4 di	git # Release code	42
DECLAN G HEALY			N	EWTON POLICE DEPARTN	04/26/2	2019
Police Officer Name (Please Print)	Signature	 e		Department	Precinct/Barracks Date	

CDP1 11 ·24·00