

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/27/2019		Time of Crash 09:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:						9		
WEST BOYLSTON ST												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ or _____										
NORTH CHESTNUT ST				Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11		
Also at Intersection with				Route# Intersecting Roadway/Street								3		
Route# Direction Name of Intersecting Roadway/Street				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000426								
License # --- St CA DOB/Age ---				Reg # 1PJE71 Reg Type PAN Reg State MA										
Sex F Lic. Class C 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2019 Veh Make HONDA Veh Config. 2 20										
Operator CHEN LANPING				Owner (Same as operator)								12		
Address 115 OSBOURNE PATH				Address _____										
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____										
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totalled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved												13		
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				99 4 99 0 0 10 1										
XU, JINPING 105 WINTHROP RD (apt 2) BROOKLINE, MA 02446				F 3 99 4 99 0 0 10 1										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---				Reg # 7TW943 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2019 Veh Make MCLAREN Veh Config. 1 20										
Operator RUSKIN MARC N				Owner (Same as operator)										
Address 30 PARKLAND RD				Address _____										
City NEEDHAM State MA Zip 02494				City _____ State _____ Zip _____										
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: X S E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totalled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
Please fill out for operator and all occupants involved												13		
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				99 4 99 0 0 10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Boylston St W/B off ramp

Chestnut St

Unit 2

Unit 1

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:

Mv#1 operator was travelling on the Boylston St W/B off ramp at the Chestnut St intersection. #1 front seat passenger spoke for #1 operator who spoke limited English. #1 passenger stated #1 operator came to a stop at the posted stop sign, prior to attempting to cut straight across the intersection further W/B on the ramp. After stopping, #1 proceeded straight ahead into the intersection and collided with Mv#2 which was travelling straight ahead on Chestnut St. #1 driver's side front struck #2 passenger side front. No injuries. #1 appeared to sustain moderate damage and did not require towing.

#2 stated he was travelling straight ahead on Chestnut St N/B (right of way). #2 stated he was travelling at a low speed. #2 stated when he arrived at the off ramp intersection, #1 drove out straight ahead from his right and crashed into his passenger side front. No injuries. #2 appeared to sustain moderate

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
NERAY, PHIL,	7 RADCLIFFE RD NEWTON, MA 02468	-----	N

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	04/27/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

damage, was leaking fluids and required towing. Tody's towed #2 to their storage yard without incident.
Witness was walking on the Chestnut St sidewalk. Witness stated he observed #1 edging out (stop and go
fashion) into the intersection before he observed #1 fully proceed forward colliding with #2.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

04/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date