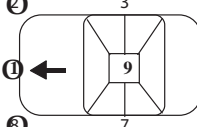
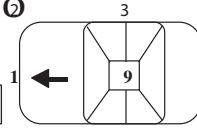


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/17/2019		Time of Crash 14:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 35 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:							
<div><div>EAST</div><div>BEACON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>SOUTH</div><div>CHESTNUTHILL RD</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000508							
License # --- St MA DOB/Age ---				Reg # 12V850 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2008 Veh Make MERCEDES Veh Config. 1 20											
Operator WARREN JAMES				Owner (Same as operator)											
Address 457 OLD COLONY AVE (apt. 253)				Address											
City BOSTON State MA Zip 02127				City State Zip											
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency?				Event Sequence 1 22 22 22 22 2								10 Undercarriage 5 11 Totaled			
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
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				1 4 4 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 CA DOB/Age ---				Reg # 7EVS8 Reg Type PAN Reg State MA											
Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2016 Veh Make PORSCHE Veh Config. 1 20											
Operator REN QIUSHI				Owner (Same as operator)											
Address 41 DELAPA CIR				Address											
City WESTWOOD State CA Zip 02090				City State Zip											
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency?				Event Sequence 1 22 22 22 22 2								10 Undercarriage 5 11 Totaled			
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 3 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
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				1 4 4 0 0 10 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Beacon St

Chestnut Hill Dr

Unit 1

Unit 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

↓ N

Crash Narrative:

Operator 1 states he was traveling Eastbound on Beacon St when vehicle 2 drove through the stop sign on Chestnut Hill Dr and into the intersection. Operator 1 did not have time to stop and struck vehicle 2.

Operator 2 stated he was stopped on Chestnut Hill Dr. at the stop sign. Operator 2 thought he had enough time to cross Beacon St and proceeded forward. Operator 2 was struck by vehicle 1 in the intersection.

Vehicle 1 and 2 sustained moderate damage and were towed. There were no injuries.

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