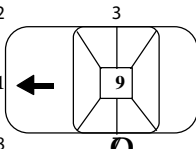
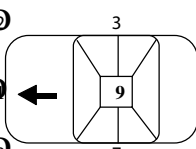
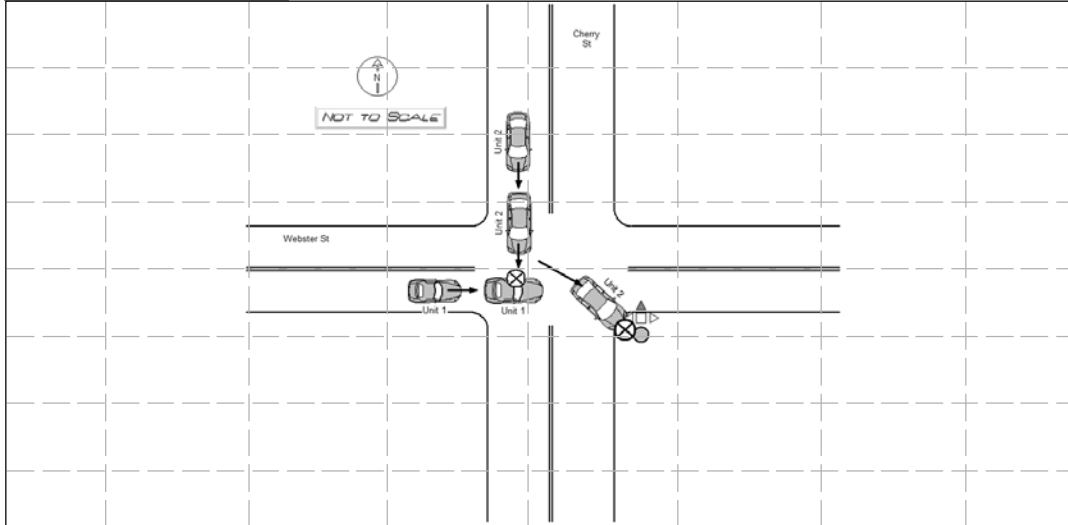


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 06/18/2019	Time of Crash 19:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
SOUTH CHERRY ST Route# Direction Name of Roadway/Street At WEST WEBSTER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000629					
License # --- St MA DOB/Age -- -- -- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator ZOLLI MICHAEL J Address 57 CANDACE AVE City WALTHAM State MA Zip 02453 Insurance Company COMMERCE			Reg # 179WT7 Reg Type PAN Reg State MA Veh Year 2010 Veh Make MAZDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three)  10 Undercarriage 11 Totaled									
Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility												
Operator See Above												
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 -- -- -- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator LIN BENJAMIN Address 350 W 4TH ST City S. BOSTON State MA Zip 02127 Insurance Company GOVT INSURANCE			Reg # 8NM969 Reg Type PAN Reg State MA Veh Year 2016 Veh Make AUDI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 23 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 3 24 19 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three)  10 Undercarriage 11 Totaled									
Vehicle Travel Direction: N <input checked="" type="checkbox"/> E W Responding to Emergency? _____ Citation # (If Issued) T1441742 Violation 1: Ch 89/9 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility												
Operator/Non-Motorist See Above												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian  
ie: → 1 → 2 →

#### Crash Diagram:



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 traveling EAST (MA Reg: 179WT7, a 2010 Mazda MX5) on Webster St. MV2 was traveling SOUTH (MA Reg: 8NM969, a 2016 Audi A4) on Cherry St. MV1, operator Michael Zolli, stated he was traveling east on Webster St, stopped at the intersection and proceeded into the intersection when the light turned green. A witness (Norma Lemus) in the vehicle behind Michael stated the same and said they watched the white vehicle (MV2) proceed through the intersection when it was clearly a red light. MV2, operator Benjamin Lin, stated that he was traveling through the intersection of Webster St and Cherry St, looking around for street signs/directions when he collided with MV1. After colliding with MV1, MV2 then collided with a city light pole, knocking it down completely. Benjamin was given MA Uniform Citation T1441742 for 89/9 - Red Light, Fail.

(Continued on next page)

#### Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
LEMUS, NORMA,	,	-----	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 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

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

### Crash Diagram:

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:

Both parties signed medical refusals. Both vehicles were towed by Tody's towing.

### 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