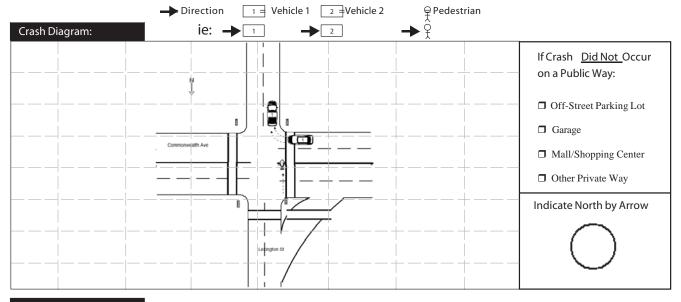
	Poli	ice Use Only		Commonwe	alth o	of Mass	achu	isetts	;		RMV	Docum	ent Number	
	Date of Crash 07/13/2019	Time of Crash 09:53	City/Town	Moto	r Veh	icle Cra	sh [Number Vehicles		_ ^	d Limit	30	State Police Local Police MBTA Police	N N
	0.71072013	24HR		Po		Report		1	1	Long	itude_		Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NO'	Γ ΑΤ]	INTE	RSEC	TION:	2
	30 EAST	г сомм	ONWEALTH AVE											
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion		oadway/Street		Route# Direction	on Ad	dress #		Nan	ne of Ro	oadway/S	treet	_ 2 10
	At SOUTH LEXINGTON ST			Feet NSEW of • or										
	Route# Direc	ction N	Name of Intersecting			Feet	N S E	W of	Mile	harker			Exit Number	\dashv
			Also at Interse	ction with					Route	II	ntersect	ing Roady	way/Street	3
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direc	tion —	Name of Intersecti	ng Roadway/Street		Feet	N S E	w of						_ 3
3	[N]	4 40	I _ I								Lan	dmark		7
1	Vehicle1	1_#Occupants	Hit/Run	Moped Cas	e Number		19	900000716						
	License#	18 1	St MA		_ Reg#	6288JZ			Reg Ty	pe_PAN	1	Reg S	tate MA	
	Sex_M_ Lic.	Class D 1	Lic. Restrictions	CDL	_ Veh Y	ear_2012	Vel	Make_FO	ORD			Veh Con	fig. 2	
⁴ 3		DONALD Last	First	J Middle	_ Owne	(Same as ope	rator)		First			Middle		· 12
		INWOOD AVE			Address									
	City NEWTO	NVILLE	State	MA Zip 02460	_ City _						_State_	Zi	p	
	Insurance Com	pany COMMER	CE		_ Vehicl	le Action Prior to		3		Damageo		,	rcle Up to Thre	e)
5 1	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency?	Event	Sequence 3	22 22		22 2		3	$\sum_{i=1}^{n}$		
	Citation # (If I	ssued)			Most	Harmful Event	3 23		1	←	9	´ :	10 Undercarris 5 11 Totaled	age
6	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing C		99 24	24 8		<u> </u>		5	
⁶ 1				: ChSec	Under	ride/Override	25	Towe	d N	0 00	,			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address										sp. Medical Facilit	y 3 13		
	Operator			See Above				1	4 4	0	0	10 1	NONE	
⁷ 2	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A T	Type 1	Action 1	15 Loca	ation 1	16 Cond	ition 1	17	Hit/	Run Mope	ed
	License#		St	DOB/Age	Reg # Reg Type Reg State					tate	_			
	Sex_M Lic. Class 18 18 Lic. Restrictions 19 CDL				_ Veh Y	/eh Year Veh Make Veh Config.								
⁸ 2	Operator GU KEJIE Endorsment				_ Owne	Owner								.
	Address 101 OLDHAM ROAD First Middle				Last First Middle Address									
	City NEWTON State MA Zip													
	Insurance Company				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)	
	Vehicle Travel Direction: N S E W Responding to Emergency? Ev				_ Event	Event Sequence 22 22 22 23 4								
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					Most Harmful Event 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 24 24 1							age	
													5	
	Pl Name (Last Fi		operator and all o	ccupants involved		Age/DOB		26 27 Seat Safety Pos. Syster	28 2 Airbag Airt n Status Sw	9 30 ag Eject itch Code	31 Trap I Code	32 3 njury Tran Status Coo		tv
		Non-Motorist		See Above		Age/DOB			Sanus SW	Code		9 1	NONE NONE	



Crash Narrative:

Veh #1, MA reg 628BJZ, being operated by Mr. David McDonald was traveling east on Commonwealth Ave, attempting to turn right on to Auburn St. According to Mr. McDonald, he began to turn right when he heard a thump against the driver's side of his car, and as he looked, notice a man, Mr. Kejie Gu, fall away from his car. Mr. McDonald pulled over and assisted Mr. Gu to his feet. Mr. Gu got up and walked away. A witness, Mr. Brian Washburn was on his bicycle, and observed the accident. Mr. Washburn was across the intersection traveling west, when he said all the traffic east and west was stopped. Mr. Washburn observed Mr. Gu crossing the street, and stated as he got approximately 2/3 of the was across, he was spun around by the black car. Mr. Washburn believed Mr. Gu to be in the crosswalk. Another witness, Mr. Walter Sims stated he did not see the collision, but did observe Mr. Gu on the ground in the middle of the intersection, not near

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address__ US DOT #: State Number ___ Issuing State _____ ICC #:____ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

PAUL F JR BOYLE			NEWTON POLICE DEPARTM		07/13/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	Vehicle 1	≥ =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	→ [2	2	₽Ŷ		
					If Crash Don a Public	id Not_Occur Way:
					Off-Stree	t Parking Lot
					Garage	
					☐ Mall/Sho	pping Center
					☐ Other Pri	vate Way
			+		Indicate No	rth by Arrow
	-	 		 		
Crash Narrative:						
the crosswalk. Paramedics	arrived on scen	ne, Mr. Gu ha	d some scrat	ches on his	s right elbow, which	were
bandanged. Mr. Gu signed a	patient refusa	11.				
Witnesses:		1			DI "	ļ., , ,
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prop	erty
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing Auth	ority Code 35
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:	Inters	state 36
Cargo Body Type Code 37 Gro.	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	# 41 Material Na	ame		Material 4 d	igit # Release	e code 42
DALII E ID DOVI E						07/12/2010
PAUL F JR BOYLE Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks	07/13/2019 Date

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