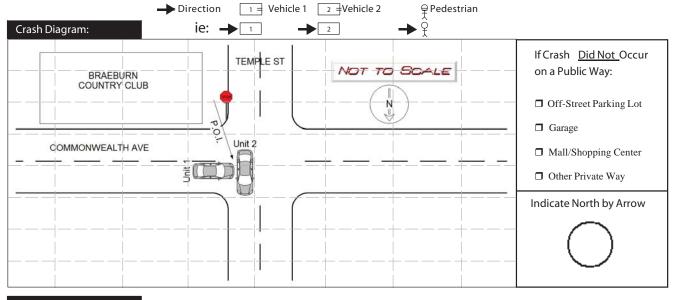
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts	5		RM	V Doci	ument	t Number	
	Date of Crash 10/04/2019	Time of Crash 08:03	City/To	wn Motor	Veh	icle Cra	sh	Number Vehicles	- 1		need Lim		St	ate Police ocal Police BTA Police	N Xi
	10/04/2019	24HR				Report		2	0		ongitude_		Ot Ot	ther:	
		AT INTER	SECTION:	< I	LOCAT	ΓΙΟΝ	>		N	OT A	T INT	ERSI	ECTI	ION:	2 9
	WES	т сомм	ONWEALTH AV	E											
1 1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ado	lress #		1	Name of I	Roadwa	ay/Stre	et	_ 2 10
	At NORTH TEMPLE ST				Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street			Mile Marker Feet NSEW of					er	Exit Number			-		
	Also at Intersection with				Route# Intersecting Roadway/Stre						y/Street	- 11			
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								_ 3	
3						Landmark								┪	
	X Vehicle1	#Occupants	Hit/Run	Moped Case I	Number		19	0000100	5						_
	License#		StSt		Reg#	931NK5			Reg	Type_P	AN	Re	eg State		-
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year 2016 Veh Make FORD Veh Config. 20										
⁴ 2	Operator BEL	Last Last	JULIA First	K Middle		BELOBOROI Las	T.	MARI	Firs	t		Mid	dle		- 1 ¹²
		Address 131 FURBUSH RD				33 FURBUSE	ł RD								
	City W ROXBURY State MA Zip 02132			City WROXBURY State MA Zip											
	Insurance Company ARBELLA				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three								e)		
5 1	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency? N	Event S	Sequence 1	22 22	22	22	e	3		4		
	Citation # (If I	ssued)			Most F	Harmful Event	1 23	24	24	⊕	. 9	1		10 Undercarri 11 Totaled	age
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co	ode 1			6		\mathcal{L}) 6		
⁶ 1				4: ChSec	Underr	ride/Override		Tow		-	20 21	1 22 1		I	
	Please 1 Name (Last Fir		ator and all occu	oants involved Address		Age/DOB	Sex S	26 27 eat Safety os. System	Airbag Status	29 Airbag Ej Switch C	30 Trap ode Code	32 Injury Status	33 Fransp. Code	Medical Facilit	y 1 ³
	Operator			See Above				3	1	1 0	0	10	1		
⁷ 2	Please Select C of the Followi	I A Venicle	2 <u>2</u> #Occupant	s Non-Motorist A Typ	pe 1	4 Action 1	Loca	tion	16 C	ondition	17		Hit/Ru	n Mope	ed
	License#		StM	ADOB/Age	Reg# 9LR479 Re					Reg Type PAN Reg State MA				e_MA	
	Sex_F_ Lic.	Sex F Lic. Class D 18 Lic. Restrictions 1 CDL				Veh Year 2013 Veh Make AUDI					Veh Config.				
⁸ 1	Operator <u>CAI</u>	Operator CAI YUJING Endorsment				Owner YANG YINCHEN								_	
1	Address 20 KI	Address 20 KEFF AVE Last First Middle Last First Middle Address 20 KEFF AVE													
	City NEWTO	City NEWTON State MA Zip 02464 Insurance Company GEICO					City NEWTON State MA Zip 02464								
	Insurance Com						Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 22 22 Q												
	Citation # (If Issued) 112/2200							10 Undercarri 11 Totaled	age						
	Violation 1: Ch_89/9_Sec Violation 2: ChSec Driver Contributing Code 10 24 24														
	Violatio	Violation 3: ChSec Violation 4: ChSec Underride/Override													
		Please fill out for operator and all occupants involved Name (Last First Middle) Address						26 27 eat Safety Pos. Syste	28 Airbag m Status	29 Airbag Ej Switch C	30 31 Trap Code Code	32 Injury Status	33 Transp. Code	Medical Facili	itv
		Non-Motorist		See Above		Age/DOB		1	2	1 0			1	carour r utili	
	YANG, YINCI	HEN		CEEFE AVE WTON, MA 02464			M 1	l 1	2	1 0	0	10	1		
									+						\dashv



Crash Narrative:

I responded to the intersection of Commonwealth Ave @ Temple St for a two vehicle accident. The operator of MV1 (MA Reg: 931NK5) stated that she was driving eastbound on Commonwealth Ave when MV2 attempted to cross Commonwealth Ave on Temple St. MV1 stated that MV2 pulled out too quickly and she could not stop in time.

I spoke with the operator of MV2 (MA Reg: 9LR479) who stated that she was stopped at the stop sign on

Temple St at Commonwealth Ave. MV2 stated that she started to pull out onto Commonwealth Ave to cross over

it, and did not see MV1 prior to the accident.

MV1 sustained heavy front end damage. MV2 sustained moderate passenger side damage. Both vehicles were towed by Tody's. All parties involved were evaluated by medics and signed a patient refusal.

Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle)	Phone # 34-Type Des			Descrip	otion of Damage					
_										
Truck and Bus Information: Registration #(From Vehicle Section)										
Carrier Name Carrier Issuing Authority Code										
Address	City				St	Zip				
US DOT #:	Issuing State ICC #:					Interstate	36			
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me	Material 4 digit # Release co					42			