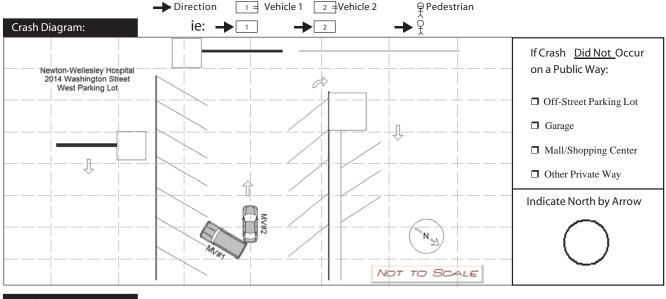
Po	lice Use Only		Commo	onweal	th o	f Massa	chu	setts	\$		RM	V Doci	ıment	t Number	
Date of Crash 10/10/2019	Time of Crash	City/I NEWTON	own	Motor `	Vehi	icle Cra	sh [	Number Vehicles			eed Lim		St	ate Police ocal Police BTA Police	<u> </u>
10/10/2019	14:55 24HR			Poli	ce F	Report		2	0		ngitude			BTA Police ther:	
	AT INTER	RSECTION:		< Lo	OCAT	TION :	>		N(	OT A	ΓΙΝΤ	ERSE	ECTI	ION:	
						EAST	2014	Į	WAS	HINGT	ON ST				H
1 Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street								eet	_	
_			At			Feet N	SEV	W of			•	or			
Route# Dire	ection N	Name of Intersect	ing Roadway/Street		— [-		1~1~1		Mil	e Marke	r			xit Number	
			ersection with		-	Feet N	SEV	W of	Rou	te#	Intersec	rting Ro	nadway	v/Street	-
Route# Dire						Feet	SEV	<b>V</b> of			PARKI	_		yrBireet	
Route# Dire	ction	Name of Inters	ecting Roadway/Str	reet							La	ndmark			_
<b>X</b> Vehicle	1 _2_#Occupants	Hit/Ru	Moped	Case N	umber		190	00001032	!						- 1
License#_	_	St N	IA DOB/Age		Reg # 8	380			Reg	Type C	ON	Re	a State	<sub>a</sub> MA	
Sex_M Lic	18 1		19 (CD)			ar_2019								20	_
Operator HA		JOSEPH	w Endo	rsment				BROS							ŀ
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City FRAMI			tate_MA Zip_01	701		RAMINGHAM					State	MA	Zin (	01703	-
	mpany OHIO SEC					Action Prior to			21				-	le Up to Thre	ee)
	el Direction: N		sponding to Emerge	ency? N		Sequence 1 2		22	22	2	3		<b>4</b>	•	
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· ·			n 2: ChSec_			L	1 ge 9	24	24	1 -	9	4	5	11 Totaled	
			n 4: ChSec_			Contributing Co	25	Towe	a N	8	7	<u> </u>	6		
			upants involved		Ulldelli	ide/Override		26 27 eat Safety		.29	30 31 Ect Trap	32 Injury	33 Transp.		$\dashv$
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Please Select of the Follow		e2 <u>1</u> #Occupa	nts Non-Mot	orist A Type	14	4 Action 1:	5 Locat	ion	16 Co	ndition	17		lit/Ru	n Mop	ed
License#	-	St_ <sup>N</sup>	IA DOB/Age		Reg#_6	668YDO			Reg	Туре_Р	AN	Re	g State	e_MA	
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Insurance Con	прапу СОММЕК	RCE	_		Vehicle	Action Prior to	Crash	1 2	21	Damag	ged Area	Code:	(Circl	le Up to Thre	ee)
Vehicle Trave			esponding to Emerg	gency?N	Event S	Sequence 1 2	2 22	22	22	2	3		4		
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F	lease fill out for		ll occupants invo	lved				26 27 at Safety		29 Ejo	30 31 Trap	32 Injury I	33 Transp.		
Name (Last	First Middle) r/Non-Motorist		See A	ddress bove		Age/DOB		os. Syster	n Status	Switch C	ode Code	Status	Code 1	Medical Faci	lity
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## Crash Narrative:

The OP. of MV#1 states he was in a parking space and trying to correct his position within the lines. He pulled out and then when he was about to drive forward, MV#2 suddenly reversed into him.

The OP. of MV#2 states she was exiting the parking lot due to it being full. As she was driving forward,

MV#1 pulled out of a spot and collided into her.

There is supposedly a witness by the name of Jean Charles working for VPNE Valet that observed the accident.

He has left for the day and does not have a cell phone or a house phone. Manager on duty states only

corporate headquarters 617-451-1393 has information on him.

I checked with hospital security for surveillance footage and observed MV#2 passing MV#1. MV#1 then started backing out of his space but MV#2 started reversing. Both vehicles ended up colliding with each other at an

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damag	ged Property		
	-								
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				25	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)		Carrier Issui	ing Authority Cod	35	
								e	
Carrier Name		(	City			St	Zip	e	
Carrier Name Address US DOT #: 37	State Number	(	City			St	Zip	e	
Carrier Name Address US DOT #: 37	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	e	
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	e	
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #: Tra	ailer Lo	Stength 39	Zip Interstate	e	

	→ Direction	1 = Vehicle 1	₂ ≢Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 -	<b>2</b> →	<b>P</b> P		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	ng Lot
					☐ Garage	ig Lot
		-  + 	+ _	+	☐ Mall/Shopping C	Cantar
		<u> </u>			Other Private Wa	
		 -				
			į	į	Indicate North by	Arrow
				+		
Crash Narrative:						
angle. Director of Publi (Footage starts around 2		will make foo	otage available	at insur	rance request. 617-243-647	78
	.41PM)					
W itnesses: 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:	Danistastian #		(From Vol	iala Cantiana)		
Carrier Name	Registration #		(FIOIII VEI	icle Section)	Carrier Issuing Authority Co	35 de
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 State	Reg Year	Tra	iller Length 39	
Hazmat Information:	- **		· -	_	-	
Placard 40 Material 1 dig	it # 41 Material I	Name		_ Material 4 d	ligit# Release code	42
RAYMOND H CHIEU			NEWI)	ON POLICE DEPARTA	10/10/	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)