

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/27/2019	Time of Crash 04:36 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 3	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>EAST RIVER ST</b>								9		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					10		
<b>NORTH ELM ST</b>			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					11		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____					4		
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001099			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>1BCH93</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2014</u>		Veh Make <u>MERCEDEZ</u>		Veh Config. <u>1</u> <u>20</u>			
Operator <u>NIE</u> <u>YUNFEI</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle						12	
Address <u>44 VERNON ST</u>			Address _____							
City <u>WALTHAM</u> State <u>MA</u> Zip <u>02453</u>			City _____ State _____ Zip _____							
Insurance Company <u>GOVT EMPLOYEE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>2</u> <u>22</u> <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>23</u> <u>3</u> <u>4</u>							
Citation # (If Issued) <u>T2079298</u>			Most Harmful Event <u>2</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totalled							
Violation 1: Ch <u>90/24</u> Sec _____ Violation 2: Ch <u>90/24</u> Sec _____			Driver Contributing Code <u>10</u> <u>24</u> <u>2</u> <u>24</u>							
Violation 3: Ch <u>90/18</u> Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
Please fill out for operator and all occupants involved								13		
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 ----- --- 1 3 1 0 0 8 2 NWH					2		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # <u>1HZ741</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year <u>2014</u>		Veh Make <u>CHEVROLET</u>		Veh Config. <u>1</u> <u>20</u>			
Operator _____ Last First Middle			Owner <u>MCEVOY</u> <u>MADISON</u> Last First Middle							
Address _____			Address <u>118 RIVER ST</u>							
City _____ State _____ Zip _____			City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u>							
Insurance Company <u>GOVT EMPLOYEE</u>			Vehicle Action Prior to Crash <u>11</u> <u>21</u> Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>1</u> <u>23</u> <u>3</u> <u>4</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totalled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
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 ----- ---							

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Date of Crash 10/27/2019	Time of Crash 04:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	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:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001099			
License # _____ St _____ DOB/Age _____			Reg # 225MT		Reg Type PAN		Reg State MA			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2014		Veh Make FORD		Veh Config. 1 20			
Operator _____ Last _____ First _____ Middle _____			Owner GREENE WILLIAM		Last _____ First _____ Middle _____					
Address _____			Address 118 (apt. B) RIVER STREET		Last _____ First _____ Middle _____					
City _____ State _____ Zip _____			City NEWTON		State MA		Zip 02465			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		6					
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		-----		---			
Please Select One of the Following:			<input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. 20			
Operator _____ Last _____ First _____ Middle _____			Owner _____		Last _____ First _____ Middle _____					
Address _____			Address _____		Last _____ First _____ Middle _____					
City _____ State _____ Zip _____			City _____		State _____		Zip _____			
Insurance Company _____			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____		7 6					
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		-----		---			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Cottage Place

River Street

Unit 1

Unit 2

Unit 3

118 River Street

Elm Street

Indicate North by Arrow

**Crash Narrative:**

The operator of MV1 stated that he was texting and traveling at a high rate of speed when his vehicle lost control and crashed into parked vehicles 2 and 3. All three vehicles sustained major damage and were towed from the scene by Todys. The operator of MV1 had no apparent injuries but due to the high rate of speed of the vehicle at the time of the crash was transported to Newton Wellesley Hospital for precautionary reasons. Photographs of the crash as well as the open container of "Chum Churum" alcoholic beverage were taken and placed in IT's mailbox.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
COX, TYLER, M	19 ALDEN PL NEWTON, MA 02465	----	Y

**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