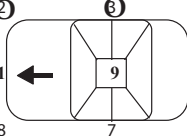
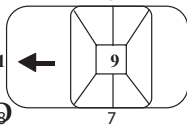


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/22/2019	Time of Crash 17:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div><div>NORTH</div><div>LAKE AVE</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>PLEASANT ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001199			
License # --- St MA DOB/Age ---			Reg # 128136		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2004		Veh Make TOYOTA		Veh Config. 1 20			
Operator NEEDEL NANCY			Owner NEEDEL PEARL							
Address 66 PLEASANT ST			Address 66 PLEASANT ST							
City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02459							
Insurance Company NORFOLK & DEDHAM MUTUAL			Vehicle Action Prior to Crash 1 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				10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		Medical Facility	
Operator			See Above		-----		---		NONE	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 ---			Reg # 1DDY25		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make BMW		Veh Config. 2 20			
Operator WU XUEBING			Owner LI WEN C							
Address 1946 WASHINGTON ST (apt. 142)			Address 1946 (apt. 142) WASHINGTON							
City NEWTON State MA Zip 02466			City NEWTON State MA Zip 02466							
Insurance Company PLYMOUTH			Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22				10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		Medical Facility	
Operator/Non-Motorist			See Above		-----		---		NONE	
LI, WEN, C			1946 WASHINGTON (apt 142) NEWTON, MA 02466		-----		M		NONE	
LI, DAWN			1946 WASHINGTON ST (apt 142) NEWTON, MA 02466		-----		F		NONE	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Pleasant St Lake Ave

P.O.I.

MV1 MV2

NOT TO SCALE

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 driving eastbound on Pleasant St (public way) when she was struck all along the passenger side of her MV. MV1 operator stated she saw MV2 drive through the Lake Ave (public way) northbound stop sign. MV2 operator stated that they did stop at the stop sign at the intersection and thought MV1 was operating at a high rate of speed.

MV1 sustained damage along the whole of the passenger side of the MV. MV2 sustained damage on the front left side bumper. No injuries reported. No tows required.

Because Pleasant St has the right of way at that location, it is believed MV2 operator is at fault.

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

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

MARK HATFIELD NEWTON POLICE DEPT 11/22/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00