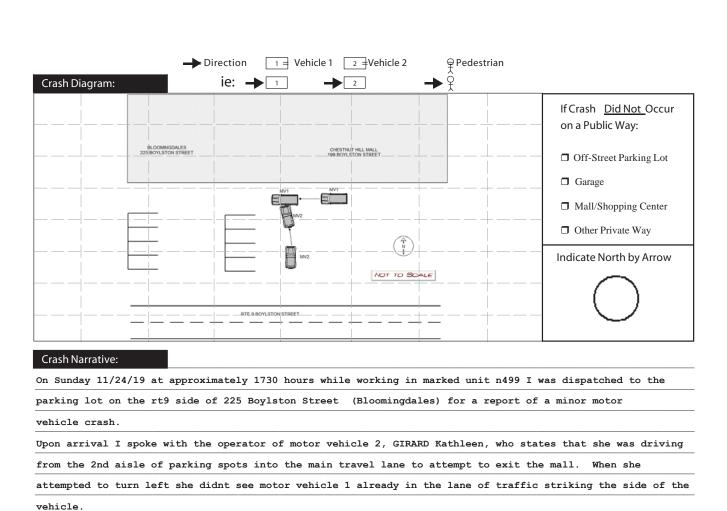
	Poli	ce Use Only		Commony	vealth o	of Massa	achu	setts			RM	V Doci	umen	t Number	
	Date of Crash 11/24/2019	Time of Crash 17:30 24HR	NEWTON	14100	tor Veh Police	icle Cra Report	sh	Number Vehicles 2		ed La	eed Lim titude _ ngitude		St Lo M O	ate Police cal Police BTA Police ther:	
			RSECTION:	<	LOCA	_	>		N(T A	INT.	ERSE	ECT	ION:	<u></u>
				9 WEST 225 BOYLSTON ST								2			
4	Route# Direc	tion	Name o	f Roadway/Street		Route# Direction	on Add	ress #		N	ame of	Roadwa	ıy/Stre	et	2
			Feet N S E W of or									_			
	Route# Direc		Mile Marker Exit Number									-			
				Feet N S E W of Route# Intersecting Roadway/Street								y/Street			
² 3	3					Feet NSEW of							3		
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
8	XVehicle1	1_#Occupants	Hit/Rur	Moped	Case Number		190	0001209							
	License#		St_N		Reg#	JKA5044			_Reg	Гуре_Р	AN	Re	g State		
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					ear_2019	Veh l	Make_TC	OYOTA	١		_ Veh C	Config	20	
4	Operator SON	NG Last	GUANG	Endorsment MIN Middle	t Owner	Owner (Same as operator) Last First Middle								1	
1	Address 4111	PARSONS (apt.	. 311)	MINNIC		SS						windt			. 🖰
	City FLUSHIN	NG	S	tate_NY Zip_11365	City _						State	2	_Zip_		
	Insurance Com	pany COUNTR	YWIDE INSUR	ANCE COMPANY	Vehicl	le Action Prior to	Crash	1 2	1	Damag	ged Area	Code:	(Circl	e Up to Three)	
5	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency?	N Event	Sequence 1	22 22	22	22	2	3		4		
	Citation # (If Is	ssued)			Most 1	Harmful Event	1 23			1 4		d		10 Undercarriage 11 Totaled	
	Violation	1: ChSec	c Violatio	n 2: ChSec	_ Driver	Contributing Co		24	24			<u>\</u>			
⁶ 2	Violation	3: ChSec	c Violatio	n 4: ChSec	_ Under	Underride/Override Towed N 6									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Po	26 27 at Safety s. \$ystem	28 Airbag A Status \$	29 Eje irbag Eje witch Co	30 31 ect Trap de Code	32 Injury Status	33 Fransp. Code	Medical Facility	1 3
	Operator	·		See Above				1	4	99 0	0	10	1	•	
7 1	Please Select C of the Followin		e2 <u>1</u> #Occupa	nts Non-Motorist A	A Type	14 Action 1	5 Locati		16 Co	ndition	17		Hit/Ru	n Moped	1
	License # St MA DOB/Age				Reg#	Reg # 5WL985					Reg Type PAN			Reg State_MA	
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 CDL					Veh Year 2016 Veh Make JEEP Veh Config. 2						20			
⁸ 1	Operator GIRARD KATHLEEN Endorsment					Owner GIRARD DENNIS P									
1	Last First Middle Address 165 UPLAND RD.					Last First Middle Address 165 UPLAND RD									
						City NEWTON State MA Zip 02468									
	Insurance Company THE STANDARD FIRE INSURANCE COMPANY					Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
						Event Sequence 1 22 22 22 22 3 4									
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									
	, , , , , , , , , , , , , , , , , , , ,					Driver Contributing Code 4 24 24									
		n 3: ChS		Underride/Override 25 Towed N 6											
			r operator and a	l occupants involved			Se	26 27 Safety	28 Airbag A	29 3 irbag Eje	30 31 Trap		33 Fransp.		1
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Po	os. System	Status 5	Switch Co	ode Code 0		Code 1	Medical Facility	1
						+		_		- 1					+
										+					



After speaking with GIRARD I spoke with the operator of motor vehicle 1, SONG Guang min. SONG did not speak english, but he corroborated what GIRARD had stated by using a translation app on his cell phone.

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)		Address			Phone	e # Statement			
Property Damage:		•			·	,			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	naged Property			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		35			
Truck and Bus Information: Carrier Name				cle Section)	Carrier Is:	suing Authority Code 35			
			· · · · · · · · · · · · · · · · · · ·			suing Authority Code			
Carrier Name			City		St	suing Authority Code Zip			
Carrier Name Address US DOT #:	State Number		City		St	suing Authority Code Zip			
Carrier Name Address US DOT #:	State Number		City		St	zip Interstate 36			
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	zip Interstate 36			
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	zip Interstate 36			
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	Stailer Length 39	zip Interstate 36			

_	Direction	_1 <u> </u>	ehicle 1	2 #Vehicle 2	₹ Ped	estrian		
Crash Diagram:	ie: →[1	→[2	→ ♀			
Crash Diagram:	ie; →		-> L		→ X 		If Crash Did Not On a Public Way: Off-Street Parking Garage Mall/Shopping Co	g Lot enter
Crash Narrative:		 		 	 	 - - - -	Indicate North by A	rrow
			00	ONG had dam			side of his makisla	Do th
GIRARD had damage to the f								Восп
vehicles were still operab	ole and were d	lriven	from	the scene.	Neither pa	rty w	as injured	
Witnesses:								
Name (Last, First, Middle)		Ade	dress				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Тур	e Des	scription of Damaged Property	
- I IS IC ::	-							
Truck and Bus Information:	Registration # _			(Fro	om Vehicle Section	n)		35
Carrier Name							Carrier Issuing Authority Cod	le
Address				City			St Zip	
								36
US DOT #:	State Number			Issuing Stat	eICC	#:	Interstate	
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38						
							39	
Trailer Reg #:	Reg Type		Reg State _	Reg `	Year	Trailer	Length	
Hazmat Information:								
Placard 40 Material 1 digit s	# 41 Matari-1	Nome			Matani-	14 di~:-	# Release code	42
Placard Material 1 digit	iviaterial	name_			iviateria	11 4 u1g1t	# Kelease code	
	-							

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)