

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/02/2019	Time of Crash 18:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	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:			
SOUTH EDDY ST										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____			
EAST WATERTOWN ST										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____				Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>3</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001239	
License # _____ St <u>XX</u> DOB/Age _____			Reg # <u>JHJ8978</u> Reg Type <u>PAN</u> Reg State <u>NY</u>			Veh Year <u>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>20</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>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>20</u>			Owner <u>HERTZ VEHICLES LI</u>				
Operator <u>SUN</u> <u>XINRONG</u>			Address <u>4195 GENESEE</u>			City <u>CHEEKTOWAGA</u> State <u>NY</u> Zip <u>14225</u>				
Address <u>32A KADOORIE AVE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			10 Undercarriage	
City <u>HONG KONG</u> State <u>XX</u> Zip _____			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>4</u> <u>24</u> <u>24</u>			11 Totaled	
Insurance Company <u>ACE AMERICAN</u>			Underride/Override <u>25</u> Towed <u>N</u>			Citation # (If Issued) _____				
Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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 See Above										
ZHU, XUEQUIONG 32A KADOORIE AVE HONG KONG, XX										
SUN, SHINGWUN 250 WALTHAM ST NEWTON, MA 02465										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</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 <u>MA</u> DOB/Age _____			Reg # <u>8FV153</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2018</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>20</u>				
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2018</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>20</u>			Owner <u>(Same as operator)</u>				
Operator <u>TIBETTS</u> <u>SHANNON</u>			Address _____			City _____ State _____ Zip _____				
Address <u>112 AUSTIN ST</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>1</u> <u>22</u> <u>22</u>			10 Undercarriage	
City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			11 Totaled	
Insurance Company <u>COMMERCE</u>			Underride/Override <u>25</u> Towed <u>N</u>			Citation # (If Issued) _____				
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9			
2 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 _____ • _____ or _____ Mile Marker Exit Number				10			
3 Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11			
3 <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190001239							
4 License # --- St MA DOB/Age --- Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____ Operator COLLINS DAPHINE Address 372 WALTHAM ST City NEWTON State MA Zip 02465 Insurance Company COMMERCE			Reg # EV8768 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				12			
5 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			13							
6 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 See Above			-----							
7 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										
8 License # --- St DOB/Age --- Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				13			
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			-----							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

○

NOT TO SCALE

Crash Narrative:

On Monday, December 2nd, 2019 at approximately 1828 hours I, Officer Newton, and Officer Brooks responded to a 3 car motor vehicle accident at Watertown St and Eddy St.

The operator of vehicle 1 stated he was stopped at the stop sign on Eddy St southbound when he proceeded to pull out to cross Watertown St when Vehicle 2, traveling eastbound on Watertown St, hit their car causing them to also collide with vehicle 3.

The operator of vehicle 2 stated she was driving eastbound on Watertown St. when vehicle 1 suddenly pulled out in front of her causing the collision.

The operator of vehicle 3 stated she was at the stop sign on Eddy St northbound, opposite of vehicle 1's stop sign on Eddy St, when Vehicle 1 pulled out and caused vehicle 2 to hit vehicle 1 and vehicle 2 to hit her.

(Continued on next page)

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

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

42

CDP1 11 -24:00