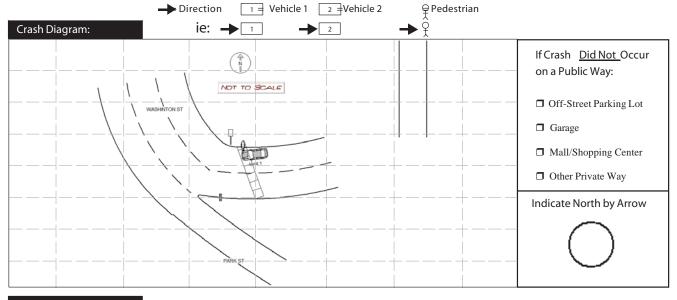
	Poli	ice Use Only		Commonwe	alth (of Mass	achı	isetts	}		RMV	Docum	ient Number	
	Date of Crash 12/04/2019	Time of Crash 21:10	City/Town	Motor	r Veh	icle Cra	ish	Number Vehicles			d Limit ude		State Police Local Police MBTA Police	N N
	120-92017	24HR		Po		Report		1	1		gitude_		Other:	
		AT INTER	SECTION:	<	LOCA	ΓΙΟΝ	>		NO	Γ Α Τ :	INTE	CRSEC	CTION:	2
	NOR	TH PARK S	ST .											
1 4	Route# Direc	tion		oadway/Street		Route# Directi	on Ad	ldress #		Nar	ne of R	oadway/S	Street	_ 2 ¹⁰
	WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Mile Marker Exit N						Exit Number	-	
						Feet NSEW of					EAR NUMBER			-
			Also at Interse	ction with					Route	# — In	ntersect	ing Road	way/Street	- 11
² 2	Route# Direct	tion	Name of Intersecti	ng Roadway/Street	I	Feet	N S E	w of						_ 1
3	[N]	4 #0			Landmark									\dashv
	Vehicle1	1_#Occupants	Hit/Run	☐ Moped Case	e Number		19	900001247	•					_
	License#	18 1	St MA	DOB/Age	Reg#	6258			Reg Ty	pe_PAN	1	Reg S	State MA 20	-
	Sex_M_ Lic. 0	Class D 16	Lic. Restrictions	B CDL	_ Veh Y	ear_2013	Vel	n Make_H	ONDA			Veh Con	nfig. 1	
4 1	Operator DOI		ROSS	Middle	_ Owner	(Same as ope	erator)		First			Middle		- 1 ¹²
	Address 16 HI	ELENE RD			Addre	ss								
	City NEWTO			MA Zip 02468	City State Zip								-	
	Insurance Com	pany COMMER	CE INS		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)	
5 1	Vehicle Travel	Direction:	S E W Respon	nding to Emergency? N	Event	Sequence 3	22 22		22 €		3		4	
	Citation # (If Is	ssued)			Most 1	Harmful Event	3 23		1	←	9		10 Undercarri 5 11 Totaled	iage
6	Violation	1: ChSec	Violation 2	: ChSec	Driver	Contributing C	ode 25	3 24	24		<u> </u>		6	
⁶ 2				: ChSec	Underride/Override Towed N									
	Please 1		ntor and all occupa	nts involved Address						nsp. le Medical Facili	3 13			
	Operator			See Above				99	4 99	0	0	10 1	N/A	
4	Please Select C of the Followin	Vehicle	# Occupants	X Non-Motorist A Ty	ype 1	Action 1	15 Loca	ation 1	16 Cond	lition 1	17	Hit,	/Run Mop	ed
	License#		St	DOB/Age							Reg S			
	Sex_F Lic. Class 18 18 Lic. Restrictions CDL					Veh Year Veh Make Veh Config.								
8	Operator PEN	JG Last	ANNIE	Endorsment	Owner								_	
4	Address 22 PA	ARK ST (apt. 5)	First	Middle	Addre	La	st		First			Middle		_
	City NEWTO									-				
	City NEWTON State MA Zip 02458 Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							ee)	
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 22 22 22 22 3 4								
	Citation # (If Is	ssued)	Most Harmful Event 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 24 24							iage				
	Violation	n 1: ChSe												
	Violation	n 3: ChSe	Underride/Override 25 Towed 8 7 6						6					
	Plo Name (Last Fi		operator and all o	ccupants involved		Age/DOB		26 27 Seat Safety Pos. System	28 2 Airbag Airb n Status Sw	9 30 Eject itch Code	31 Trap I	njury [[rar	33 nsp. ode Medical Facil	lity
		Non-Motorist		See Above		Agcidob			W			9 1	N/A	
								_						



Crash Narrative:

On Wednesday 12/4/2019 at approx 2110hrs, while assigned to N-494, I responded with the medics to 22 Park St

Apt #5 in Newton for a past MVA pedestrian. There I was met by Annie Peng who states that at approx 730pm

this evening she was struck by a vehicle(mass reg 6258) at the intersection of Washington St and Park

St. She states that when she was entering the crosswalk after crossing over the mass pike bridge, she was

struck from the right passenger side of MV1. Peng states she fell a few feet from the car injuring her right

knee and right arm. She said that the operator stopped and got out to assist and left his contact info.

Peng signed a patient refusal form and pictures of her injuries were taken and submitted to IT. It should be

noted that Peng believes her cell phone was broken after hitting the ground.

I later spoke with Dr. Ross, operator of MV1, who stated that he had not seen Peng crossing after he came to (Continued on next page)

W itnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damag	ged Property	
PENG, ANNIE,	22 PARK ST NEWTON,MASS	ACHUSETTS 0	617-610-9535	97	ІРНО	NE 6		
Truck and Bus Information: Carrier Name	Registration #			nicle Section)		Carrier Issu	ing Authority Co	ode 35
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Ti	railer Le			
Hazmat Information:								
Placard 40 Material 1 digit #	Material Nat	me		_ Material 4	digit#		Release code	42

KEVIN DURICKAS			NEWTON POLICE DEPARTM		12/04/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 =	Vehicle	1 2	∳Vehicle 2	₽ Pedesti	ian		
Crash Diagram:	ie: →	1	_	2] .	→ ĝ			
								If Crash <u>Did Not</u> on a Public Way:	Occur
		_						☐ Off-Street Parkin	g Lot
								☐ Garage	5
								☐ Mall/Shopping C	enter
		-		-+				☐ Other Private Wa	
	_ _	-						Indicate North by A	
								- Indicate Notariby /	
		_ -							
Curah Nawatiwa									
Crash Narrative: a complete stop at the cr	osswalk which	had	l a "rio	tht tu	rn on red a	after stop"	sign.	He said he was goi	ng "one
or two miles per hour" wh									
and offered to take her t	o the hospita	1.							
Witnesses:									
Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address				Phone #	34-Туре	Descriptio	n of Damaged Property	
Truck and Bus Information:	Registration #				(From V	Vehicle Section)			25
Carrier Name								Carrier Issuing Authority Coc	35 le
Address				(City			St Zip	
US DOT #:	_ State Number				Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight		38						
Trailer Reg #:	Reg Type		Reg Sta	ate	Reg Year	Tr	ailer Length	39	
Hazmat Information:	41								42
Placard Material 1 digit	# Materia	ıl Nan	ne			Material 4	ligit #	Release code	
KEVIN DURICKAS					N	EWTON POLICE DEPART.		12/04/2	.019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)