

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/08/2019		Time of Crash 14:17 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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:						9		
Route# Direction Name of Roadway/Street At				EAST 350 LINWOOD AVE		Route# Direction Address # Name of Roadway/Street						2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____						10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street Landmark						11		
1 1				3		1 1						3		
Vehicle 1 2 #Occupants				Hit/Run		Moped		Case Number 190001260						
License # --- St MA DOB/Age ---				Reg # 9HF927		Reg Type PAN		Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019		Veh Make LEXUS		Veh Config. 2 20						
Operator ZHU YIHUI				Owner (Same as operator)		First Middle		Address _____						12
Address 36 CREHORE DR				City NEWTON LOWER FALLS		State MA Zip 02462		City _____ State _____ Zip _____						
Insurance Company GEICO				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 2 22 22 22 22 2 3 4						
Vehicle Travel Direction: N S X W Responding to Emergency? N				Most Harmful Event 2 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y						
Citation # (If Issued) _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 5 11 Totaled						
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 --- --- 1 4 4 0 0 10 1 NONE						13		
WANG, JEREMY				36 CREHORE DR NEWTON, MA 02462 --- M 4 4 4 4 0 0 10 1 NONE								2		
Please Select One of the Following: Vehicle #Occupants				Non-Motorist A Type 14 97		Action 15 97		Location 16 99		Condition 17 1		Hit/Run Moped		
License # --- St DOB/Age ---				Reg # _____		Reg Type _____		Reg State _____						
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____		Veh Make _____		Veh Config. 20						
Operator MEARLS CHRISTOPHER M				Owner _____		First Middle		Address _____						
Address 21 BOURNE STREET (apt. 2)				City PLYMOUTH		State MA Zip 02360		City _____ State _____ Zip _____						
Insurance Company _____				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 22 22 22 22 2 3 4						
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Most Harmful Event 23		Driver Contributing Code 24 24		Underride/Override 25 Towed _____						
Citation # (If Issued) N/A				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 5 11 Totaled						
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→ 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

Crash Narrative:

ON 12-8-19 AT APPROX. 1417HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT 350 LINWOOD AVE I TALKED TO THE OWNER OF VEHICLE #1. OWNER STATES SHE PARKED HER VEHICLE IN FRONT OF 350 LINWOOD AVE AND OPENED THE DRIVER SIDE DOOR. AS SHE WENT TO GRAB HER PURSE ANOTHER VEHICLE DESCRIBED AS A SMALL SEDAN HIT HER OPEN DRIVER SIDE DOOR. OWNER STATES THE SUSPECT VEHICLE STOPPED AND AS SHE GOT OUT OF HER VEHICLE THE SUSPECT VEHICLE SPED AWAY. OWNER GAVE ME A MASS REG #43559 (PLATE DOES NOT COME BACK AS BELONGING TO ANY KNOWN VEHICLE). OWNER STATES HER SON WAS ALSO IN THE VEHICLE BUT NEITHER SHE NOR HER SON WERE HURT. VEHICLE #1 HAS MINOR LEFT SIDE DAMAGE. OWNER ADVISED TO CONTACT HER INSURANCE COMPANY.

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS P WALSH

NEWTON POLICE DEPT.

12/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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on a Public Way:

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- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Traffic Bureau Update (Officer Gaudet): On Tuesday, December 10, 2019, I made contact with the registered owner of MV2, Christopher Mearls (S44004540). Mearls is the owner of a 2013 Nissan Altima (MA: 43559). Mearls stated he is in the military and was on base in Springfield, Massachusetts over the weekend with his vehicle. Mearls stated no one else drives his vehicle.

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Cargo Body Type Code Gross Vehicle Weight

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Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

THOMAS P WALSH

NEWTON POLICE DEPART

12/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date