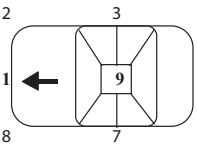
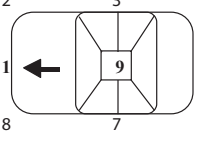


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/15/2019	Time of Crash 05:19 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
<b>WEST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<b>WASHINGTON ST</b>				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____			
<b>NORTH</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			<b>ST JAMES ST</b>				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____			
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 _____ Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001289	
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>1GHG66</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2015</u> Veh Make <u>JEEP</u> Veh Config. <u>2</u>			Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Endorsment _____	
Operator <u>XING</u> <u>DONG</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle			Address _____			City _____ State _____ Zip _____	
Address <u>70 HOPE AVE (apt. 213)</u>			City _____ State _____ Zip _____			Insurance Company <u>GOVT EMPLOYEES INSURANCE CO</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>25</u> <u>22</u> <u>23</u> <u>22</u> <u>30</u> <u>22</u> <u>22</u>			Most Harmful Event <u>23</u>			Driver Contributing Code <u>97</u> <u>24</u> <u>24</u>	
Citation # (If Issued) <u>T2080183</u>			Underride/Override <u>25</u> Towed <u>Y</u>			Diagram: 			10 Undercarriage 5 <u>1</u> Totaled	
Violation 1: Ch <u>90/244</u> Sec _____ Violation 2: Ch <u>89/4A</u> Sec _____			Please fill out for operator and all occupants involved			Violation 3: Ch <u>90/244</u> 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 _____			26 27 28 29 30 31 32 33 Medical Facility	
Operator _____			See Above			Age/DOB _____ Sex _____			Seat Pos. <u>1</u> Safety System <u>3</u> Airbag Status <u>99</u> Eject Code <u>0</u> Trap Code <u>0</u> Injury Status <u>10</u> Transp. Code <u>1</u>	
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. <u>20</u>			Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Endorsment _____	
Operator _____			Owner _____			Address _____			City _____ State _____ Zip _____	
Address _____			City _____ State _____ Zip _____			Insurance Company _____			Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>23</u>			Driver Contributing Code <u>24</u> <u>24</u>	
Citation # (If Issued) _____			Underride/Override <u>25</u> Towed _____			Diagram: 			10 Undercarriage 5 <u>11</u> Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			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 _____			26 27 28 29 30 31 32 33 Medical Facility	
Operator/Non-Motorist _____			See Above			Age/DOB _____ Sex _____			Seat Pos. _____ Safety System _____ Airbag Status _____ Eject Code _____ Trap Code _____ Injury Status _____ Transp. Code _____	



→ 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:

street. The vehicle was only occupied by the operator.

Medics were called to evaluate the operator and a patient refusal was signed. After being cleared from the medics, Officer Donovan initiated an investigation into the circumstances of the accident, and subsequently placed the operator under arrest for operating a MV under the influence of alcohol.

Tody's towing was notified to remove the vehicle due to its inoperability on the sidewalk. Officer Helms took photos of the accident scene which were submitted to the IT bureau. Officer Howes completed a motor vehicle inventory form which has been filed.

#### 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

JOSEPH J BROOKS

38339

NEWTON POLICE DEPART

12/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date