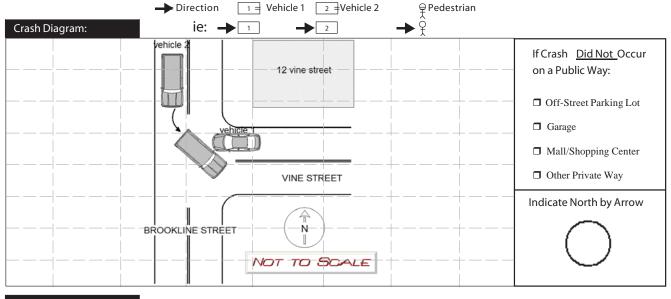
	Poli	ice Use Only		Comn	nonweal	lth o	of Massa	achu	setts			RMV	/ Docu	ment Nu	mber	
	Date of Crash 01/03/2020	Time of Crash 18:34 24HR	NEWTON	Town			icle Cra Report	sh	Number Vehicles 2	Numb Injure	ed Lat	eed Limi titude ngitude_		State P Local I MBTA Other:	Police Police Police	XI C
			RSECTION	:		OCAT		>		NO				CTION	1:	┑
	SOU	TH PPOOL	KLINE ST													2
1 4	Route# Direc			of Roadway/Stree	t		Route# Direction	on Add				ame of R		/Street		_ _ 2
	WEST VINE ST					Feet NSEW of or Exit Nun								ımber		
	Route# Direc	ction N		ting Roadway/Stre	eet	F	Feet 1	N S E V	V of							_
2			71130 at 1116	ersection with			Feet []	N S E V	V of	Route	#	Intersec	ting Roa	dway/Stre	eet	<u> </u>
2	Route# Direct	tion	Name of Inter	secting Roadway/	Street			, , ,				La	ndmark			_ 3
3	XVehicle1	_1_#Occupants	☐ Hit/Ru	n Mop	ed Case N	Number		200	0000011			Lu	Idmark			7
	_			ЛА			2VV700				D.A	A NT		3.6		4
	License #	18 1	StSt	19			8XX700								20	
	1	Class D	_	ons 1 Cl	DL ndorsment		ear_2011							onfig.	2	\vdash
⁴ 2	Operator HO	RN Last	First		Middle		(Same as ope						Middle	e		
		ARMINGTON R		MA	00122		SS									
	City W ROXB			State_MAZip_	02132	-								Zip Circle Up		
;	Insurance Com	1 3				Vehicle	Action Prior to		22	22 2		ged Area 3	Code: (Circle Up	to Inree	*)
1	Vehicle Travel	Direction: N	S E X Re	sponding to Eme	ergency?N	Event S	Sequence 1	22 22 23	22			$\overline{\bigcap}$		\	ndercarria	
	Citation # (If Is	ssued)				Most F	Harmful Event	1 23	24	24	←	9		5 11 To		ige
	Violation	1: ChSec	c Violatio	on 2: ChS	ec	Driver	Contributing Co	ode 1	24				\sum	6		
1		3: ChSec				Underr	ide/Override		Towe	d <u>1</u>			T == T			
	Please 1	fill out for opera	ator and all occ		d Address		Age/DOB	Sex Se Po	26 27 at Safety s. System	28 Airbag Ai Status Sv	29 3 bag Eje itch Coo	30 31 ct Trap de Code	32 Injury Tr Status C	33 ansp. ode Medi	ical Facility	1
	Operator			See	Above				1	4 9	9 0	0	10 1			
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupa	ants Non-M	lotorist A Type	e 1	4 Action 1	Locat	ion	16 Cor	dition	17	□н	it/Run	Mope	ed
	License # St MA _ DOB/Age				Reg # 8PD154			Reg Type PAN Veh Make VOLVO				Reg State MA Veh Config. 20			7	
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					_										
1						Owner (Same as operator)										
1	Address 12 VI	Last	First	Middle	Last First Middle Address											
	City CHESTNUT HILL State MA Zip 02467															
	Insurance Company QUINCY MUTUAL FIRE					Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)		
	Vehicle Travel Direction: NXEW Responding to Emergency?N					Event Sequence 122 22 22 22 23 4										
Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec						Most Hampful Funct 1 23									ige	
						Most Harmful Event 1 2 5 11 Totaled										
						Driver Contributing Code 4 Towed N 8 CO 6 Underride/Override										
ا		ease fill out for				∪nderr	iue/Override				29 3 bag Eje	0 31	32	33		\dashv
	Name (Last Fi	irst Middle)	operator and a		Address		Age/DOB	Sex P	26 27 at Safety os. Systen	Airbag Ai Status S	bag Eje witch Co	0 31 rct Trap ode Code	Injury I'r	ansp.	dical Facilit	ty
	Operator/	Non-Motorist		See	Above				1	4 9	9 0	0	10 1			



Crash Narrative:

On Friday 1/3/20 at approximately 1834 hours while assigned to marked unit n504 patrolling sector 499 I was dispatched to the intersection of Brookline Street and Vine Street for a report of a minor motor vehicle crash with no injuries.

Upon arrival I spoke with the operator of vehicle #1, HORN Paul, who states that he was travelling on Vine

Street and was stopped at the stop sign waiting to turn left onto Brookline Street. HORN states Motor Vehicle

#2 was taking a left onto Vine Street from Brookline Street and turned to sharp striking the front drivers

side of his vehicle. HORN states that he was not moving as he was waiting for traffic to clear.

After speaking with HORN I spoke to the operator of Motor Vehicle #2, QIAN Xiaohua, who states that she was turning left from Brookline Street onto Vine Street. She states while turning left she didnt see Vehicle #1

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)		Address			Phone	e # Staten	nent	
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	ssuing Authority Code	35	
			· · · · · · · · · · · · · · · · · · ·				35	
Carrier Name			City		St	Zip	35	
Carrier Name Address US DOT #:	State Number		City		St	Zip	35	
Carrier Name Address US DOT #:	State Number		City		St	Zip36	35	
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip36	35	
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip36	35	
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	Stailer Length	Zip36 Interstate 36	35	

_	Direction 1	ı ≡ Vehicle 1	2 =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: →□	→ □	2	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_
					☐ Off-Street Parki	ng Lot
					☐ Garage	
	 	-		+		_
					Mall/Shopping	Center
	į	į			☐ Other Private W	ay
				+	Indicate North by	Arrow
				+		
Crash Narrative						
Crash Narrative: waiting to turn and she s	truck the fron	t of his web	ile causing dan	nage to th	ne drivers side door of	her
vehicle.	cruck the from	C OI HIS VEH	Tie Causing dan	lage to th	e dilvers side door or	
After hearing from both pa	rties involved	l and observi	ng the damage t	o both ve	phicles it appears to me	that the
operator of MV#2 (QIAN) vi						
was not moving and was sim	_	<u>-</u>			_	RN heen
moving the damage would ha						
vehicle#2 (QIAN). The sta						
				SEL VACIOI	is lead me to believe that	
the operator of MV#2 (QIAN) is at fault	for this Cras	sh ————————			
Witnesses:		1				1-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
- I I I I I I I I I I I I I I I I I I I						
Truck and Bus Information:	Registration #		(From Veh			35
Carrier Name					Carrier Issuing Authority C	ode
Address			City		St Zip	26
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit :	# 41 Material N	Name		Material 4 d	igit # Release code	42

ID/Badge #

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

Signature