

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 01/17/2020		Time of Crash 17:52 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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 _____				WEST 30 BEACON STREET Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11				
3				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000063			4			
License # _____ St MA DOB/Age _____				Reg # 1MH888		Reg Type PAN		Reg State MA		20			12			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2018		Veh Make ACURA		Veh Config. 2								
Operator LIU XIAOCHE Last First Middle				Owner (Same as operator)		Last First Middle										
Address 27 HARGRAVE CIR				Address _____		City _____		State _____ Zip _____								
City NEWTON State MA Zip 02461				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)										
Insurance Company TD AUTO FINANCE LLC				Event Sequence 2 22 22 22 22		3 4		10 Undercarriage								
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Most Harmful Event 2 23		1 9		5 11 Totaled								
Citation # (If Issued) _____				Driver Contributing Code 19 24 24		8 6										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed N												
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																
Please fill out for operator and all occupants involved														13		
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								2		
Operator See Above				-----		---		1 4 99 0 0 10 1								
ZHENG, YURI 27 HARGRAVE CIR NEWTON, MA 02461				-----		F 6 4 5 99 0 0 10 1										
7				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St MA DOB/Age _____				Reg # MP495B		Reg Type PAN		Reg State MA		20						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018		Veh Make FORD		Veh Config. 2								
Operator ANDERSON JR DANIEL CHARLTON Last First Middle				Owner CITY OF NEWTON		Last First Middle										
Address 1321 WASHINGTON STREET				Address 1321 WASHINGTON STREET		City NEWTON		State MA Zip 02465								
City NEWTON State MA Zip 02465				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)										
Insurance Company SELF INS				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage								
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Most Harmful Event 1 23		1 9		5 11 Totaled								
Citation # (If Issued) _____				Driver Contributing Code 1 24 24		8 6										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed N												
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				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/Non-Motorist See Above				-----		---		1 4 99 0 0 10 1								

→ 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:**

The operator of vehicle number 1 stated she was traveling west-bound on Beacon Street and did not see vehicle number 2 parked on the side of the road and struck the drivers side mirror with her passenger's side mirror

The operator of vehicle number 2 stated he was parked on the west-bound side of Beacon Street running radar when vehicle number 1 struck his driver's side mirror

Neither party reported any injuries

Vehicle number 1 sustained mine scratches to passenger's side mirror

vehicle number 2 sustained minor scratches to driver's side mirror

Several pictures of the damage were taken and submitted.

**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