

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/07/2020	Time of Crash 10:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 15 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:					
Route# Direction Name of Roadway/Street At			NORTH 25 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000130	
License # --- St MA DOB/Age ---			Reg # 6YJF90 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make VOLKSWAGON Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019 Veh Make VOLKSWAGON Veh Config. 2			Owner (Same as operator)				
Operator ZHANG HONG Last First Middle			Address 250 HAMMOND POND PARKWAY (apt. 514S)			City NEWTON State MA Zip 02467				
Insurance Company GOVT EMPLOYEE			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage				
Citation # (If Issued) N/A			Most Harmful Event 1 23			11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			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 See Above --- 1 4 99 0 0 10 1 N/A				
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 # UNK Reg Type CON Reg State MA			Veh Year UNK Veh Make UNK Veh Config. 13				
Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year UNK Veh Make UNK Veh Config. 13			Owner (Same as operator)				
Operator UNK UNK Last First Middle			Address UNK UNK			City UNK State MA Zip UNK				
Insurance Company UNK			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage				
Citation # (If Issued) N/A			Most Harmful Event 1 23			11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			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 --- 99 4 99 0 0 99 1 N/A				

→ 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 Friday, February 7, 2020 while assigned to Traffic unit N525, I responded to the rear parking lot of 1 Boylston Street, Newton for a report of a hit and run motor vehicle crash.

I spoke with the operator of MV1, Hong Zhang (S39408212). Zhang stated while operating her 2019 Volkswagon Tiguan (MA: 6YJF90), she was attempting to back out of a parking spot in the parking lot behind 25 Boylston Street, Newton. Zhang stated while backing out of the spot she crashed into an unknown vehicle traveling Westbound through the parking lot. Zhang stated the only information she had for the other vehicle was that it was a large red and black truck. I observed damage to the rear trunk window of MV1. Zhang reported no injuries. Zhang stated she was unsure if she hit the vehicle or if something fell off of it as it was passing by.

(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

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

