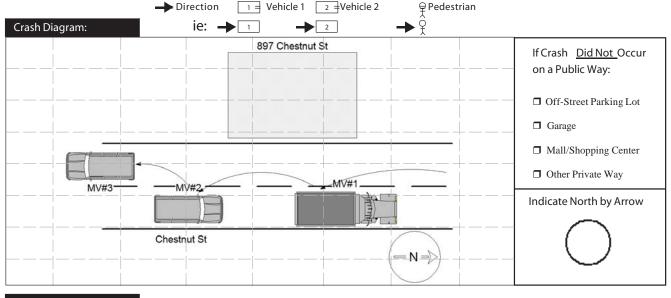
Г	Polic	ce Use Only		<u>Com</u> n	nonwea	lth o	of Massa	achus	setts			RN	AV Do	cumer	nt Number	
	Date of Crash 02/13/2020	Time of Crash 07:37	City/ NEWTON	Town	Motor	Vehi	icle Cra	sh [Number Vehicles			peed Li atitude			State Police Local Police MBTA Police	N Xi
L	02/13/2020	07:37 24HR			Pol	ice F	Report		2	0		ongitud			MBTA Police Other:	
		AT INTER	RSECTION	:	< L	LOCAT	TION	>		N	OT A	TIN	ΓERS	SECT	TION:	
							NORTH	897		CHE	STNU	ΓST				- -
	Route# Direct	ion	Name	of Roadway/Stree	;t	R	Route# Direction	on Add	ess #			Name o	f Roady	way/Str	reet	_
\dashv	At					Feet NSEW of or									ŀ	
-	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number								_		
ľ			Also at In	tersection with			Feet [N S E V	of	Roi	ıte#	Inters	ecting l	Roadw	av/Street	-
	D. A. D. D. A. D.					Route# Intersecting Roadway/Street Feet N S E W of										
4	Route# Direction Name of Intersecting Roadway/Street					Landmark								4		
	Wehicle 1	1_#Occupants	Hit/Ru	m Mop	ed Case N	Number		200	0000146							
	License#		St ¹	MA DOB/Age		Reg#7	Γ70761			Reg	Type	CON	F	Reg Sta	nte MA	
	Sex_M Lic. C	Class A 18 18	8	19	DI	_	ear 2018			_				-	20	_
- 1		Last		G En	ndorsment		(Same as open								5.	ŀ
_	Address 1 COI	Last PPERWOOD RE	First D		Middle		Las						М	liddle		_ -
	City MEDFIEL			State_MA Zin	02052		J						ite_	Zin	,	_
	City MEDFIELD State MA Zip 02052 Insurance Company COMMERCE					-	Action Prior to			21				_	cle Up to Thre	
\neg	•			esponding to Eme	ergency? N	Event S	Sequence 1 2	22 22	22	22	2		3	4		
_		ssued)		1 0	<i>z</i> ,		Iarmful Event	23				\ -	Ļ/		10 Undercarri	riage
				on 2: ChS	Sec		Contributing Co	_	24	24	1	-	9) 5	11 Totaled	
	Violation	3: ChSec	Sec	Underride/Override 25 Towed N 8 7 6												
+	Please fill out for operator and all occupants involved							Se			29 Airbag I	30 Siject Trap Code Cod	31 32 Injury	33 Transp	i .	\dashv
F	Name (Last First Operator	t Middle)			Address e Above		Age/DOB	Sex Po	. \$ystem	Status :	Switch C	Ode Cod	e \$tatus	Code 1	Medical Facili	ity
-									-	Ť				+	+	\dashv
															-	-
_	Please Select O	IX Mahida	2 <u>2</u> #Occup	ants Non-W	Motorist A Type	e 14	Action 1	Locati	on	16 C	ondition	1	7	Hit/R	un Mop	oed
ľ	License#		St ¹	MA DOB/Age		Reg # 6	5VK327			Pag	Type I	PAN		Pag Sts	oto MA	\dashv
- 1	License # St MA DOB/Age Sex_F Lic. Class					Reg # 6VK327 Reg Type_PAN Reg State_MA Veh Year 2018 Veh Make_MERCEDES BENZ Veh Config. 2								-		
\dashv	Operator LIU MIN Endorsment					Owner (Same as operator)										
	Last First Middle Address 23 MELLON RD					Last First Middle Address								_		
- 1	City WELLESLEY State MA Zip 02482					CityStateZip								-		
- 1	Insurance Company ARBELLA MUTUAL					Damaged Area Code: (Circle Un to Three)								ree)		
- 1	Vehicle Travel Direction: X S E W Responding to Emergency? N					venicie Action Phot to Clash 1										
	Citation # (If Is	74	<u> </u>	tesponding to Em	ergency	Most Harmful Event 23							riage			
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24 5 11 Totaled										
	Violation 3: Ch Sec Violation 4: Ch Sec						ide/Override	25	Towed	N	8	V	o	6		
ľ				all occupants inv				Se		28 Airbag	29 Airbag I	30 3	1 32 Injury	33 Transp	,	\dashv
\perp	Name (Last Fire	Non-Motorist			Address Above		Age/DOB	Sex Po		Status	Switch	Code Co	de Statu	ıs Code		lity
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}	LI, MINA		2	23 MELLON RD				F 3	99	4	4	0	10	1		



Crash Narrative:

The operator of MV#1 stated he was travelling northbound on Chestnut St when MV#3 struck his vehicle travelling southbound on Chestnut St. MV#3 continued southbound on Chestnut St and struck MV#2. MV#3 continued southbound on Chestnut St and left the accident scene. MV#1 sustained no visible damage due to it being a large steel framed garbage truck. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated she travelling northbound on Chestnut St directly behind MV#1 when she observed MV#3 struck MV#1 then striking her vehicle.MV#2 sustained heavy damages to its driver's side mirror. There were no reported injuries to the operator of MV#2 or its passenger.

MV#3 was described as a white colored small sized "Sprinter van" type vehicle with heavy driver's side damages. The operator of MV#3 was reported to be a young white male and was texting and driving. A radio

(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)	Address			Phone :	#	Statement
D						
Property Damage: Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Dama	aged Property	
omici (2004) i ibq midale)	7.00.055	THORE II	3)pc	Description of Duma	.geaope.ty	
Truck and Bus Information:	Registration #	(From Veh	icle Section)			
Carrier Name				Carrier Issu	uing Authority Cod	e 35
Address		City		St	Zip	
		•				36
US DOT #:	State Number	•				
US DOT #:	State Number	•				
US DOT #:	State Number	Issuing State	ICC #:_	39		
US DOT #:	State Number ross Vehicle Weight38	Issuing State	ICC #:_	39		
US DOT #:	State Number 38 ross Vehicle Weight Reg Type Reg Sta	Issuing State	ICC #:_ Tr	ailer Length 39	Interstate	

-	Direction 1	∃ Vehicle 1 2	_ † Vehicle 2	Pedestri	an	
Crash Diagram:	ie: 🕕 🛚	2	_	₽ Ĝ		
Crash Diagram:			_			Parking Lot pping Center vate Way
Crash Narrative:						
broadcast was given out t	o surrounding ci	ities and tow	ns and a canv	ass of the	surrounding area sh	owed negative
results for MV#3.						
Witnesses:					DI "	ls
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Prope	ertv
				7,1		
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		
Carrier Name	-		(From ve	,	Carrier Issuing Author	ority Code 35
A 11			City		-	
Address						Zip
US DOT #:	_ State Number		_ Issuing State	ICC #:	Interst	ate
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length 39	
Hazmat Information:		· -	. 5 -		-	
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 di	git# Release	code 42
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GITA K SETIABUDI		25111		TON POLICE DEPARTM		02/13/2020
Police Officer Name (Please Print)	Signature		ID/Badge # De	epartment	Precinct/Barracks	Date