

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/05/2020		Time of Crash 08:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30 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	
WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
SOUTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____								3	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000215							
License # _____ St MA DOB/Age _____				Reg # EV1450 Reg Type PAS Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2017 Veh Make TESLA Veh Config. 1 20									
Operator YU CHUNG Last First Middle				Owner TESLA MOTORS LEA Last First Middle								12	
Address 19 HARGRAVE CIR				Address 3500 DEER CREEK RD									
City NEWTON State MA Zip 02461				City PALO ALTO State CA Zip 94304									
Insurance Company TRAVELERS CASUALTY				Vehicle Action Prior to Crash 4 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				Event Sequence 1 22 22 22 22					
Citation # (If Issued) _____				Most Harmful Event 1 23				Most Harmful Event 1 23					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				Driver Contributing Code 4 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				Underride/Override 25 Towed Y					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
CHENG, SUE				19 HARGRAVE CIR NEWTON, MA 02461				--- ---				F	
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 # 915MS9 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2009 Veh Make MERZ Veh Config. 1 20									
Operator GOLD NEAL S Last First Middle				Owner (Same as operator) Last First Middle									
Address 141 ARLINGTON RD				Address _____									
City BROOKLINE State MA Zip 02467				City _____ State _____ Zip _____									
Insurance Company ARBELLA MUTUAL				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				Event Sequence 1 22 22 22 22					
Citation # (If Issued) _____				Most Harmful Event 1 23				Most Harmful Event 1 23					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				Driver Contributing Code 99 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				Underride/Override 25 Towed Y					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	



Crash Narrative:
A beginning of a skid mark was left behind by #2 in the middle of the intersection of the Homer St W/B travel lane on the Kenwood Ave side, where the collision also occurred.
A bystander witness who wished to remain anonymous stated #1 came to a full stop before proceeding left W/B on Homer St. The anonymous witness also stated #2 was travelling in excess of 30mph.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ADAM D GABRIEL		25117	NEWTON POLICE DEPARTA		03/05/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					