

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/16/2020		Time of Crash 13:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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 127 COMMONWEALTH AVE		Route# Direction Address # Name of Roadway/Street						2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____						10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street Landmark						11		
<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000238						1		
License # --- St MA DOB/Age ---				Reg # 56BC70		Reg Type PAN		Reg State MA		20			12	
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2013		Veh Make TOYOTA		Veh Config. 1		20			7	
Operator WU BAI LIN				Owner (Same as operator)		First Middle		Address		20			13	
Address 45 HAYNES RD				City NEWTON State MA Zip 02459		City _____ State _____ Zip _____		Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)			20	
Insurance Company AMERICAN FAMILY CONNECT				Vehicle Travel Direction: N S E W Responding to Emergency? N		Event Sequence 20 22 40 22 35 22 22		Most Harmful Event 35 23		Driver Contributing Code 9 24 24		Underride/Override 25 Towed N		20
Citation # (If Issued) T2080647				Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 5 11 Totaled		20			20	
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		20		
Operator				See Above		-----		--- --- 99 4 99 0 0 10 1						
Please Select One of the Following:				<input type="checkbox"/> Vehicle # Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		
License # --- St DOB/Age ---				Reg # _____		Reg Type _____		Reg State _____		20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____		Veh Make _____		Veh Config. _____		20				
Operator _____				Owner _____		First Middle		Address _____		20				
Address _____				City _____ State _____ Zip _____		City _____ State _____ Zip _____		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)				
Insurance Company _____				Vehicle Travel Direction: N S E W Responding to Emergency? _____		Event Sequence 22 22 22 22		Most Harmful Event 23		Driver Contributing Code 24 24		Underride/Override 25 Towed _____		
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Operator/Non-Motorist				See Above		-----		--- ---						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

127 Commonwealth Ave

Commonwealth Ave carriage rd

Unit 1

NOT TO SCALE

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 3/16/20 I was dispatched to 127 Commonwealth Ave for a report of a MV(#1) crash into a fire hydrant. The operator left the scene and was shortly after identified as Mr Bai Lin Wu. Wu called NPD to report the crash once he arrived home. Ofc Ferguson took photos of the knocked over hydrant. City Water Dept was notified of the damage. I responded to Wu's residence. Wu stated he was travelling on the Commonwealth Ave W/B carriage road. Wu stated an unknown MV travelling behind him was trying to pass him on the left. Wu stated he turned to the right to allow the unknown MV to pass. Wu ran off the road to the right and struck the hydrant in front of #127 Comm Ave. Wu further stated he left because he was trying to get medication home as soon as possible to his ill wife. Wu's vehicle sustained moderate damage to the passenger side front end. Wu issued citation for CO Ch19/Sec75 failure to use care turning (went off road).

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF, NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	4	FIRE HYDRANT

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	03/16/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00