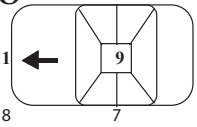
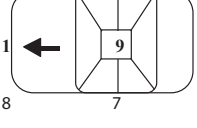


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/03/2020	Time of Crash 11:14 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 11 KENWOOD AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000285			
License # _____ St MA DOB/Age _____			Reg # 1CVX27		Reg Type PAN		Reg State MA			
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 9 <input type="checkbox"/> 19 CDL _____			Veh Year 2019		Veh Make BMW		Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20			
Operator WANG SI			Owner FINANCIAL SERVICE VEHICLE TRUST							
Address 204 PLEASANT ST			Address 5550 BRITTON PKWY							
City NEWTON State MA Zip 02459			City HILLIARD		State OH		Zip 43026			
Insurance Company COMMERCE			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23 <input type="checkbox"/> 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N							
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			-----		---		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 <input type="checkbox"/> 14		Action <input type="checkbox"/> 15		Location <input type="checkbox"/> 16		Condition <input type="checkbox"/> 17	
<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped							
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 20			
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____		State _____		Zip _____			
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23 <input type="checkbox"/> 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed _____							
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 10 1			

### Crash Narrative:

Mv#1 was travelling on Kenwood Ave S/B, veered off the road to the right and struck a city light gas pole in front of #11 Kenwood. #1 operator stated she got distracted by admiring the blooming flowers on a tree across the street, taking her eyes off the road resulting in the collision with the pole. Pole broke in half near the middle of it. NFD was able to shut the gas off. National Grid was notified to respond. City was notified of the pole damage. Mv#1 appeared to sustain light damage to the front passenger side front end. I took photos of pole damage. Camera memory chip with photos placed in the IT bureau mail slot.

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

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF, NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	GAS LIGHT POLE

<b>Truck and Bus Information:</b>		Registration # _____ (From Vehicle Section)	
Carrier Name _____		Carrier Issuing Authority Code <div>35</div>	
Address _____		City _____	St _____ Zip _____
US DOT #: _____		State Number _____	Issuing State _____ ICC #: _____ Interstate <div>36</div>
Cargo Body Type Code <div>37</div>	Gross Vehicle Weight <div>38</div>		
Trailer Reg #: _____		Reg Type _____	Reg State _____ Reg Year _____ Trailer Length <div>39</div>
<b>Hazmat Information:</b>			
Placard <div>40</div>	Material 1 digit # <div>41</div>	Material Name _____	Material 4 digit # _____ Release code <div>42</div>