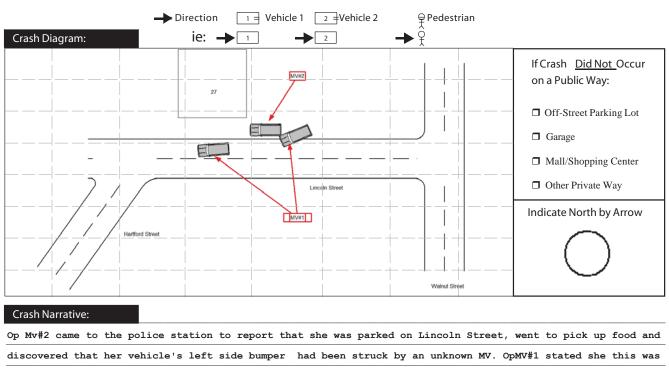
	Poli	ice Use Only		Commonweal	lth o	f Massa	ach	usetí	ts		RM	V Docu	ment Nun	ıber	
	Date of Crash 06/17/2020	Time of Crash 14:22 24HR	City/Tow NEWTON	MIOTOI		icle Cra Report	sh	Numb Vehicl 2		red Lat	ed Limitude _		State Po Local P MBTA Other:	olice Dice Nolice Police	
		AT INTER	SECTION:		OCAT		>						CTION:	:	2
						WEST	27		LING	COLN ST	Γ				2
1 1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								2		
					Feet NSEW of or sxit Number							mber			
	Route# Direc	etion N	ame of Intersecting Also at Interse		—[-	Feet	N S E	W of							
2 1						Feet 1	N S E	W of	Rou	te#	Intersec	ting Roa	adway/Stree	et	3
	Route# Direction Name of Intersecting Roadway/Street				Landmark										
3	XVehicle1	1_#Occupants	X Hit/Run	Moped Case N	Number		2	.0000003	32						
	License#		St	_ DOB/Age	Reg#_U	JNK			Reg	Type_Ui	NK	Reg	State_XX		
	Sex Lic. Class 99 18 18 Lic. Restrictions 99 CDL				20										
4	,		Firet	Endorsment	Owner	(Same as oper	rator)		First			Middl	e		1
1					Owner Game as operator) Last First Middle Address								F		
	City		Stat	eZip	StateZip										
	Insurance Com	pany UNKNOW	N		Vehicle	Action Prior to		1	21				Circle Up	to Three)	
5 1	Vehicle Travel	Direction: N	S E W Respo	nding to Emergency? N	Event S	Sequence 2	22 2		22	•	3		4	, .	
	Citation # (If I	ssued)			Most H	farmful Event	2 2		24	1 📥	9		5 11 Tot	dercarriage taled	
⁶ 1	1			2: ChSec	Driver	Contributing Co		10 24		8	<u> </u>	Δ	6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y									
	Name (Last Fir		tor and all occup	Address		Age/DOB	Sex	26 Seat Safe Pos. Syst	ty Airbag A	29 3 Airbag Eje witch Coo	0 31 Trap le Code	Injury Tr Status C	ansp.	al Facility	2
	Operator			See Above				1	4	4 0	0	10 1	L		
7 1	Please Select C of the Followi	I A Venicle	2 1 #Occupants	Non-Motorist A Type	e 14	4 Action 1	Loc	cation	16 Co	ondition	17	Пн	it/Run	Moped	
	License # St MA DOB/Age				Reg # 1WR337 Reg Type PAN Reg State						State MA	20]			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Year 2015 Veh Make BMW Veh Config. 20								20		
8 1	Operator ZOU RONG FANG Last First Middle				Owner YAWEN SHI Last First Middle										
	Address 5 ERNEST RD				Address 5 (apt. 1) ERNEST RD										
	City ARLINGTON State MA Zip 02474				City ARLINGTON State MA Zip 02474										
	Insurance Company METROPOLITAN INS				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Event Sequence 1 22 22 22 22 22 3 4 10 Undercarriage										
	Citation # (If Issued)				Most Harmful Event 1 9 5 11 Totaled										
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 1 24 24 7										
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				Underri	ide/Override		Tow	red _Y		0 21	22			
	Pl Name (Last Fi		operator and all o	Address		Age/DOB	Sex	26 Seat Safe Pos. Sys	7 28 ty Airbag A stem Status	Airbag Eje Switch Co	0 31 Trap de Code		ansp. Code Medi	cal Facility	
	Operator/	Non-Motorist		See Above								10 1	ı		



/				Walnut Stree	et					
Crash Narrative:										
Op Mv#2 came to the police	station to rep	ort that she	was parked or	n Lincoln	Street,	went to pick up	food and			
discovered that her vehicle	e's left side b	umper had be	een struck by	an unkno	wn MV. Op	MV#1 stated she	this was			
her first motor vehicle Co.	llision and did	not call the	e police to re	spond to	the scen	ne. She stated sh	9			
discovered a slip with an	illegible phone	number writ	ten on it. Sev	veral att	empts wer	re made to contac	t the Op			
Mv#1to no avail. There were no injuries reported and neither vehicle was towed from the scene.										
Witnesses: Name (Last, First, Middle)		Address				Phone #				
		Address:								
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged Property				
5 me. (2054)54 maa.e/	Owner (Last, First, Middle) Address			311)pc	Description.	or barragea respectly				
Truck and Bus Information:	Registration #		(From Veh	icle Section)			35			
Carrier Name					Ca	arrier Issuing Authority Co	ode			
Address City St Zip										
US DOT #: Issuing State ICC #: Interstate 36										
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				20				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39				
Hazmat Information:	41						42			
Placard Material 1 digit #	Material Na	me		_ Material 4 d	ligit #	Release code	42			

DAVID A. CALDERON			06/17/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date