

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/17/2020	Time of Crash 14:22 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 27 LINCOLN ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 3				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000332		
License # St DOB/Age ---			Reg # UNK Reg Type UNK Reg State XX			Sex Lic. Class 18 18 Lic. Restrictions 99 19 CDL Endorsment			Veh Year UNK Veh Make UNK Veh Config. 1 20		
Operator Last First Middle			Owner (Same as operator) Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company UNKNOWN			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Citation # (If Issued)			Most Harmful Event 2 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 10 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above			Operator		
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 # 1WR337 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2015 Veh Make BMW Veh Config. 1 20		
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 11 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Citation # (If Issued)			Most Harmful Event 1 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above			Operator/Non-Motorist		

