

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/13/2020	Time of Crash 16:49 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	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:					
Route# Direction Name of Roadway/Street At			NORTH 479 CHESTNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ 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 checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000377			
License # --- St MA DOB/Age ---			Reg # 382XL8		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2015		Veh Make HONDA		Veh Config. 1 20			
Operator CULHNO ROLAND Last First Middle			Owner LOPES TIFFANY Last First Middle							
Address 21 RAND			Address 587 MAIN ST							
City DORCHESTER State MA Zip 02125			City MASHPEE State MA Zip 02649							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 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			-----		---					
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 checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # --- St NY DOB/Age ---			Reg # 1FW63		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make MAZD 3		Veh Config. 1 20			
Operator CHEN HUIQIU Last First Middle			Owner LU CHENBING Last First Middle							
Address 12 DUNSTAN ST			Address 12 DUNSTAN ST							
City NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465							
Insurance Company GOVT EMPLOYEE INS			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		6 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 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/Non-Motorist See Above			-----		---					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

479 Chestnut Street

Byfield Street

Chestnut Street

Unit 1

Unit 2

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:

The operator of vehicle 1 stated he pulled over and parked his car on Chestnut Street, across from house number 479, he got out of he car and was retrieving packages that he needed to deliver to 479 Chestnut St. While he was doing so he was standing on the sidewalk at the rear of his vehicle, he saw vehicle 2 approach his car slow down and try to get around it. He watched the front passenger side bumper of vehicle 2 strike the rear drivers side bumper of his vehicle. He then signaled to the driver of vehicle 2 by waving his hands to pull over, he stated the driver stopped, looked at him, and then continued to drive away. This caused minor paint transfer damage and scratches to vehicle 1.

Due to the witness providing me with vehicle 2's plate information I was able to get the address vehicle 2 was registered at, 12 Dunstan Street in Newton. On arrival I spoke with HUIQUI who speaks very little

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
DOYLE, JAMES, J	10 ALLEN RD WALTHAM, MA 02453	-----	Y

Property Damage:

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

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

THOMAS BANNON NEWTON POLICE DEPART 07/13/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

English, I then waited for her son to get home and translate. Through her son, ChenBing Lu, Huiqui stated she was driving her sons car down Chestnut Street when the vehicle in front of her stopped, she was not expecting this as the road is narrow and one lane on each side. She slowed down and stopped and was very close to vehicle 1, she attempted to get around the vehicle by passing it on the left side, when she tried to do so another vehicle was traveling in the southbound lane towards her, she hit her brakes and ended up hitting vehicle 1 in front of her. This caused vehicle 2 to suffer minor paint damage and the bumper to partially move out of place. She was unsure what do to and frightened, she then continued to drive home. Due to her honesty and cooperation Hui Qui Chen and the very minor damage to both vehicles I will not be charging her with Leaving the Scene. She was advised on what to do in the future if this it to happen again.

Witnesses:

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Property Damage:

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

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

THOMAS BANNON

NEWTON POLICE DEPART

07/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date