

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/29/2020	Time of Crash 17:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5 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		SOUTH 14 ELLIOT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		Feet N S E W of Route# Intersecting Roadway/Street		
Route# Direction Name of Intersecting Roadway/Street		Landmark		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 2000000483
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License # --- St MA DOB/Age ---	Reg # 6GT965 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL	Veh Year 2015 Veh Make HONDA Veh Config. 1 20
Operator PENG YIFENG Last First Middle	Owner (Same as operator) Last First Middle
Address 16 DELMORE RD (apt. FRONT)	Address
City NEWTON State MA Zip 02461	City State Zip
Insurance Company HARVARD	Vehicle Action Prior to Crash 11 21
Vehicle Travel Direction: X S E W Responding to Emergency? N	Event Sequence 2 22 22 22 22 2
Citation # (If Issued)	Most Harmful Event 2 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 N

Please fill out for operator and all occupants involved		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	-----	---	---	1	4	4	0	0	10	1	

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
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License # --- St MA DOB/Age ---	Reg # 2KWK11 Reg Type PAN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL	Veh Year 2019 Veh Make KIA Veh Config. 1 20
Operator ROBICHAUD CHRISTA Last First Middle	Owner (Same as operator) Last First Middle
Address 77 FLORENCE ST (apt. 104N)	Address
City NEWTON State MA Zip 30096	City State Zip
Insurance Company PLYMOUTH ROCK ASSURANCE CORP.	Vehicle Action Prior to Crash 10 21
Vehicle Travel Direction: N X E W Responding to Emergency? N	Event Sequence 2 22 22 22 22 2
Citation # (If Issued) T2015042	Most Harmful Event 2 23
Violation 1: Ch 90/24/C Sec Violation 2: Ch Sec	Driver Contributing Code 10 24 24
Violation 3: Ch Sec Violation 4: Ch Sec	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		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	99	99	0	0	99	1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

ie: → 1 → 2 → ○

Crash Diagram:

14 Elliot St.
(Sunoco Gas Station)

Unit 2

Unit 1

Pump: 5 Pump: 3 Pump: 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:

At approximately 1735Hrs on Saturday, August 29, 2020, I was dispatched to 14 Elliot St. (Sunoco Gas Station) for a report of a two car MVA with one party refusing to exchange RMV information. Upon arrival, I spoke with the operator of MV1 (MA Pass: 6GT965), who stated that he was stationary in his vehicle at pump 3, when the operator of MV2 reversed into his vehicle after refueling at pump 5, which is directly in front of pump 3. The operator of MV2 got out of her vehicle and began to yell at him and refused to give him her RMV information, claiming he hit her. The operator of MV1 stated that he called the police and the operator of MV2 subsequently left the scene prior to my arrival. Officer Keefe (N495) attempted to raise the registered owner of MV2 (MA Pass: 2KWK11) at her residence with negative results and dispatch was unable to find a cell phone for her. I was able to speak with witness 1, who concurred with the operator

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
AGUIRRES, ALAN,	11 GROVE ST WESTBOROUGH, MA 01581	-----	N

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ 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:

of MV1's version of events.

After speaking with witness 1, the operator of MV1 and viewing his video he recorded on his phone showing a party believed to be the owner/operator of MV2 entering her vehicle (Caucasian Female with the same light/strawberry blonde hair, as seen in her RMV photo), I have issued her MA Criminal Citation T2015042 for violating one count of MGL Ch. 90 S. 24. (Leaving The Scene Of Property Damage) and mailed it to her address. Note: the cameras at the gas station are not operational at this time and a copy of the aforementioned video has been forwarded to IT to be attached to this report.

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

Property Damage:

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

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Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42