	Poli	ice Use Only		Commonv	vealth	of Mass	achus	setts		RI	MV Doci	ument Nun	nber	
	Date of Crash 09/20/2020	Time of Crash 10:30 24HR	City/Town	1410		nicle Cra Report	\	Number Vehicles	Number Injured 0	Speed Li Latitude Longitud		State Po Local P MBTA Other:	olice olice Nolice Police	
			SECTION:	<	LOCA		>	•		_		ECTION	:	
	EAST	Г САВОТ	ST											2
¹ ₃	Route# Direc	tion		oadway/Street		Route# Direction	on Addr	ess#		Name o	f Roadwa	y/Street		2 10
	Route# Direction					Feet NSEW of • or								-
						Mile Marker Exit Number Feet N S E W of								
2						Route# Intersecting Roadway/Street Feet N S E W of								4 11
1	Route# Direc	tion	Name of Intersection	ng Roadway/Street		Landmark								
3	Vehicle	#Occupants	Hit/Run	Moped	Case Number	r	2000	0000538						
	License#		St	DOB/Age	Reg #	!			_ Reg Typ	oe	Re	g State		
	Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL	Veh	Year	Veh N	/Iake			Veh C	Config.	20	
4	Operator	Last	First	Endorsment		er	st		First		Midd	ile		1 12
3						ess								
	City		State	Zip	City _					St	ate	_Zip		
	Insurance Com	pany			Vehic	ele Action Prior to		21		amaged Ar		(Circle Up	to Three)	
5 1	Vehicle Travel	Direction: N	S E W Respon	ding to Emergency?_	Event	Sequence	22 22	22	22 2		3	4		
	Citation # (If I	ssued)			Most	Harmful Event	23	24	24 1	← 🗀	9	5 11 To	dercarriage taled	
6	1			ChSec		r Contributing C	ode 25	24	24 8		7	6		
⁶ 1				ChSec	_ Unde	rride/Override		Towed	i	20	21 22 1			12
	Name (Last Fir	fill out for opera st Middle)	Age/DOB Sex Pos. System Status Switch Code Trap Injury Transp. 26 27 28 29 30 31 32 33 Injury Transp. Eject Trap Injury Transp. Code Status Code Med						Transp. Code Medic	al Facility	4 13			
	Operator			See Above				-						
⁷ 2	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A	А Туре	14 Action	15 Location		Condi	tion 1	7 0	Hit/Run	Moped	
	License#		St	_ DOB/Age	Reg #	:			Reg Tvr	oe	Re	g State		
	Sex Lic.	18 1		19 CDL		/ear			_ 0 ,,				20	
8 1	Operator			Endorsment	t Owne	er								
1	Address	Last	First	Middle		ESS	st		First		Mide	ile		
	City		State	City _	City State Zip									
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: NSEW Responding to Emergency? E					Event Sequence 22 22 22 22 3 4								
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	Pl Name (Last Fi		operator and all o	ccupants involved		Age/DOB	Sex Po	6 27 t Safety	28 29 Airbag Airba Status Swit	g Eject Tra	31 32 p Injury I	33 Fransp. Code Medi	cal Facility	
		Non-Motorist		See Above					Suitus SWII	Couc CC	Status	- Ivicul	car r acriffy	

Date of Crash Jame of Crash Police Report Police	Pol	ice Use Only		Commonv	vealth o	of Massa	achuse	etts		RMV Do	cumen	t Number			
Police Report Imaginate Other	Date of Crash	Time of Crash	City/To	Mot Mot	tor Veh	icle Cra	sh Nu				St La	ate Police			
Routed Direction Name of Roadway/Street Also at Intersecting Roadway/Street Feet N S W of Routed Direction Name of Intersecting Roadway/Street Peet N S W of Routed Direction Name of Intersecting Roadway/Street Routed Direction Intersecting Roadway/Street											O1	ther:			
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Feet N E W of Mile Marker or Exit Number	Route# Direc	ction				Route# Direction	on Addres	s #	Na	me of Road	way/Stre	et			
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Pearl S E N S E	l					Mile Marker Exit Number									
Name of Intersecting Readway/Street Landmark			Also at Inter	section with		Route# Intersecting Roadway/Street									
Vehicle #Occupants Hit/Run Moped					l										
License # St DOBAse Reg # Reg Type Reg State Sex_ Lic. Class 18 18 18 16 18 10	Route# Bilet	ztion	Name of interse			Landmark									
Sex_Lic. Class	Vehicle	#Occupants	Hit/Run	Moped											
Compared Company Com	License#				Reg#_			Reg	Туре	1	Reg State				
Owner Address	Sex Lic.			ns CDL		ear	Veh Ma	ke		Veł	1 Config				
Address City State Zip City State Zip City State Zip Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NSEW Responding to Emergency? Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 23 3 4 It of Underrairage State Most Harmful Event 23 10 Underrairage State Most Harmful Event 23 11 Totaled Please fill out for operator and all occupants involved Name class First Misdile) Operator Sec Above Address Please fill out for operator and all occupants involved Name class First Misdile Address Age-DOB Sec Post Security Name share for the Following: Please fill out for operator and all occupants involved Name class First Misdile Address Age-DOB Sec Post Security Name share for the Following: Please fill out for operator and all occupants involved Name class First Misdile Name class First Name class First Name class First Misdile Name class First N	Operator	Last	First				t	Firet		λ.	Aiddle				
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Name (Last First Middle) See Above S	Violation	n 3: ChSe	ec Violation	4: ChSec	_ Under	ride/Override	25	Towed	8	7	6				
Please Select One of the Following:			rator and all occu			Age/DOB		27 28 Safety Airbag	29 30 Airbag Eject	31 32 t Trap Injury	2 33 7 Transp.	Medical Facility			
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Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility			r operator and al				26 Seat	27 28 Safety Airbag	29 30 Airbag Eject	31 32 t Trap Injury	y Transp.				
							Sex Pos.	System Status	Switch Coo	de Code Stati	us Code	Medical Facili			
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→	Direction 1 =	Vehicle 1 2	Vehicle 2	Pedestr	rian						
Crash Diagram:	ie: → 1	2	→	Ŷ	_						
	P.O.I. Unit 1	INTREST			on a P	h <u>Did Not</u> O ublic Way: -Street Parking					
				+							
				. — — 🕌		ll/Shopping Cer er Private Way					
<u>-</u>		CA	BOT ST	. — —		e North by Ar					
NOT TO	D SCALE	 				\bigcirc					
Crash Narrative:											
On 9/20/20, I received a ph											
Zhang stated that at 0630hr	_						hang				
stated that an unidentified											
northbound on Centre St. Zh											
or his bicycle, but observe											
damaged. The only descripti	on of the venic	The is a prac	k small car. 2	ihang co	uld not give any	informatio	n on				
Witnesses:											
Name (Last, First, Middle)		Address	<u> </u>		Phone #		Statement				
Property Damage:											
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damageo	l Property					
Truck and Bus Information: Carrier Name	Registration #			,	Carrier Issuing	g Authority Code	35				
Address			City		St	Zip					
US DOT #:S	State Number		_ Issuing State	ICC #:_		Interstate	36				
Cargo Body Type Code 37 Gross	s Vehicle Weight	38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length 39						
Hazmat Information:	·-										
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit#R	delease code	42				

09/20/2020 ANDREW SCOTT VELLO NEWTON POLICE DEPARTM Police Officer Name (Please Print) ID/Badge # Precinct/Barracks Date Signature Department