

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/20/2020	Time of Crash 10:30 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 0	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>EAST CABOT ST</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							
<b>NORTH CENTRE ST</b>										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input type="checkbox"/> Vehicle _____ #Occupants _____			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000538			
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____							
Sex _____ Lic. Class <input type="text"/> <input type="text"/> Lic. Restrictions <input type="text"/> <input type="text"/> CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="text"/> <input type="text"/>							
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Responding to Emergency? _____			Event Sequence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Towed _____							
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 type="checkbox"/> Vehicle _____ #Occupants _____			<input type="checkbox"/> Non-Motorist A Type <input type="text"/> <input type="text"/>		14 Action <input type="text"/> <input type="text"/> Location <input type="text"/> <input type="text"/> Condition <input type="text"/> <input type="text"/>					
					<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
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Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Damaged Area Code: (Circle Up to Three)					
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Operator/Non-Motorist			See Above		-----					

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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10
						Feet N S E W of or 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							11
2	Route# Direction Name of Intersecting Roadway/Street					Landmark							
3	<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
	License # St DOB/Age					Reg # Reg Type Reg State							
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Veh Year Veh Make Veh Config. 20							
4	Operator Last First Middle					Owner Last First Middle					12		
	Address					Address							
	City State Zip					City State Zip							
	Insurance Company					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
5	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 22 2 Most Harmful Event 23					10 Undercarriage 11 Totaled		
	Citation # (If Issued)					Driver Contributing Code 24 24 Underride/Override 25 Towed							
6	Violation 1: Ch Sec Violation 2: Ch Sec												
	Violation 3: Ch Sec Violation 4: Ch Sec												
	Please fill out for operator and all occupants involved										13		
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	License # St DOB/Age					Reg # Reg Type Reg State							
	Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Veh Year Veh Make Veh Config. 20							
8	Operator ZHANG DEZHEN					Owner							
	Address 142 HARTMAN RD.					Address							
	City NEWTON State MA Zip 02469					City State Zip							
	Insurance Company					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 22 2 Most Harmful Event 23					10 Undercarriage 11 Totaled		
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	Operator/Non-Motorist See Above										10 1		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Centre St

P.O.

Unit 1

CABOT ST

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:**

On 9/20/20, I received a phone call from Dezhen Zhang in regards to an auto pedestrian accident this morning. Zhang stated that at 0630hrs, he was bicycling to work northbound on Centre St just before Cabot St. Zhang stated that an unidentified vehicle struck him with the passengers side mirror and continued driving northbound on Centre St. Zhang stated that he was very confused because he did not feel the vehicle hit him or his bicycle, but observed the mirror fall off. Zhang stated he was not injured and his bicycle was not damaged. The only description of the vehicle is a black small car. Zhang could not give any information on the driver.

**Witnesses:**

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

**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

**ANDREW SCOTT VELLO**      NEWTON POLICE DEPART      09/20/2020

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

CDP1 11 -24:00