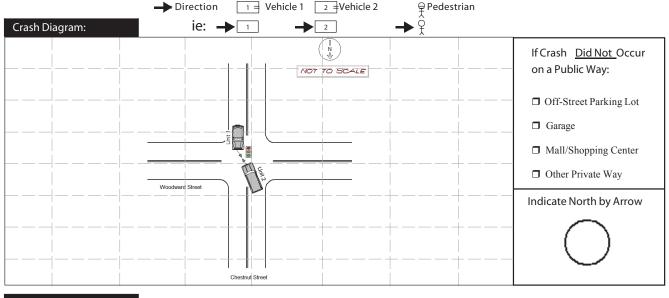
	Poli	ce Use Only		Commo	onwealt	th o	f Mass	ach	use	etts			RM	V Doc	cumen	ıt Number		
	Date of Crash 03/09/2021	Time of Crash	City/ NEWTON	Гоwп	Motor <b>V</b>	Vehi	icle Cra	ısh		mber	Num Injur		ed Lim			tate Police ocal Police IBTA Police	□ Xì	
	03/09/2021	18:11 24HR			Poli	ce F	Report		2	- 1	0	124	ngitude			ABTA Police Other:		
		AT INTER	RSECTION		< L(	OCAT	ION	>			NO	T AT	INT	ERS	ECT	ION:		2
	NOR	TH CHEST	NUT ST														$\vdash$	_
1 <b>4</b>	Route# Direc	tion	Name	of Roadway/Street		R	Route# Directi	on A	ddres	s #		N	ame of l	Roadw	ay/Str	eet		2
WEST WOODWARD ST							Feet	N S E		of –			•	or			_	_
	Route# Direc		Name of Intersec	ting Roadway/Street		— -					Mile	Marker			Е	xit Number		
Also at Intersection with							Feet N S E W of Route# Intersecting Roadway/Street									-		
1 Part Birdi							Feet NSEW of										6	
	Route# Direc	tion	Name of Inter	secting Roadway/Str	eet								La	ndmar	k			
3	XVehicle1	1_#Occupants	Hit/Ru	n Moped	Case Nu	ımber		2	210000	00179							1	
	License#		St	MA DOB/Age		Reg#1	KBY92				Reg	Type PA	N	R	eg Sta	te MA		
	Sex M Lic. 0	Class D 18 M	Lic. Restrict	ons 1 CDL			ar_ <b>1997</b>									20		
1		LENTE III	DANIEL	GAETA	rsment		(Same as ope											1
3	Address 117 S	T. MARY'S ST.	First	Mic			La S								ddle		<sup>-</sup>  -	
				State MA Zip 024													_	
		pany COMMER				City State Zip  Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)												
5	Vehicle Travel	Direction: X	S E W R	esponding to Emerge	ency? N	Event Sequence 1 22 22 22 22 2 3 4												
1		ssued)					armful Event	1 2	3				$\mathbb{A}$			10 Undercarr	riage	
	· `	·		on 2: Ch Sec			Contributing C		1 2	24	24	<b>—</b>	9	$\langle  $	) 5	11 Totaled		
1	Violation	3: ChSec	c Violati	on 4: ChSec_			de/Override		5 ,	Towed	Y	3	7	у_	6			
			ator and all oc	cupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Fiect Trap Thiury Transp							1			
•	Name (Last Fir	st Middle)		Ado See A	dress bove	Age/DOB   Sex   Pos.   System   Status   Switch   Code   Code   Status   Code   Medical I							Medical Facil	ity	1			
l	1									-	_			10	1			
-																		
	Г														<u> </u>			
2	Please Select C of the Followi	I A Vehicle	2 <u>2</u> #Occup	ants Non-Mot	orist A Type	14	Action	Loc	cation	1	Co	ndition	17		Hit/Ru	un Mop	oed	
	License#	18 1	St_	MA DOB/Age		Reg# <u>8</u>	SC253				_Reg	Type_PA	N	R	eg Staf	te MA	_	
	Sex_M_ Lic.	Class D 16 1	Lic. Restrict	ons 1 CDL	rsment	Veh Yea	ar_2018	V	eh Ma	ke_TO	YOTA			_Veh	Config			
1	Operator TAN	Last	WEIHUA	Mic		Owner _	(Same as ope	rator)			First			Mic	ddle		_	
	Address 25 M	ISSION PARK I	DRIVE (apt. 40	8)		Address	S										_	
	City BOSTON	115	City							State		_Zip		-				
	Insurance Com	·	Vehicle	Action Prior t	o Crash		4 21				Code	`	ele Up to Thr	ree)				
	Vehicle Travel	ency?N	Event S	Sequence 1	22 2	22	22	22		3		4						
	00/0							Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 13 24 4 24							riage			
	Violation 3: Ch     Sec     Violation 4: Ch     Sec     Underride/Override     Towed     Y     8     7     6																	
	Pl Name (Last Fi		operator and	all occupants invol	ved		Age/DOB	Sex	26 Seat Pos.	27 Safety <i>!</i> System	28 Airbag A Status	29 Eje witch Co	0 31 ct Trap de Code	32 Injury Status	Transp.		ility	
		Non-Motorist		See A								0	0	10	1	- I del		
	ZHAO, WENÇ	UING		5 MISSION PARK DE BOSTON, MA 02115				F	3	1	1 4	0	0	10	1			
Ī																		
}															_	-	-	

	lice Use Only		Commonw								ent Number			
Date of Crash	Time of Crasl	h City/To	17100		icle Cra	$\mathbf{sh} \mid_{\mathrm{Ve}}^{\mathrm{Ni}}$			peed Lim atitude _		State Police Local Police MBTA Police			
	24HI			Police 1					ongitude		Other:	_		
	AT INTE	RSECTION:	<	LOCA	FION :	>	N	OT A	T INT	ERSEC	TION:			
Route# Dire	ection		Roadway/Street At		Route# Direction	n Addres	ss#		Name of I	Roadway/S	treet	_		
1		,			Feet NSEW of or Fwit Number									
Route# Dire	ection	Name of Intersectin		Mile Marker Exit Number  Feet N S E W of										
1		Also at Inters	section with	ľ	Route# Intersecting Roadway/Street									
Route# Dire	ection	Name of Intersec	I	Feet NSEW of										
□v.1.1.1.	#0		D.W						La	HUHIAIK				
Venicie	#Occupant	Hit/Run	Moped											
License#	18	St	DOB/Age	Reg#			Re	g Type_		Reg S	tate	_		
Sex Lic.	. Class			Veh Y	ear	Veh Ma	ake			_Veh Con				
Operator	Last	First			Las	ı	Fir	st		Middle		_		
					SS							_		
City		Sta	teZip	City_							p	_		
					e Action Prior to		21				rcle Up to Thr	ee)		
Vehicle Trave	el Direction:	S E W Resp	onding to Emergency?_	Event	Sequence 2	22 22 23	22 22	2	3		10 Undercari	rinas		
	Issued)				Harmful Event		24 24	1 +	-   9	<u> </u>	5 11 Totaled	iage		
1			2: ChSec	_	Contributing Co	ode 25	24 24	8	7		5			
		ecViolation	_ Under	ride/Override		Towed	_ 20	30   31	32 3	13				
Name (Last F		rator and all occup	Address		Age/DOB	Sex Pos.	27 28 Safety Airbag System Status	29 Airbag Switch	30 31 Eject Trap Code Code	32 Tran Status Code	sp. e Medical Facil	ity		
Operator	r		See Above				-							
Please Select	I Vehic	le# Occupant	s Non-Motorist A	Type 97	4 Action 97	5 Location	16	Condition	17	☐ Hit/	Run Mor	ned		
of the Follow	ving:			97	97		99		1					
License #	18	St	DOB/Age	Reg#			Re	g Type_		Reg S	tate	_		
Sex_M_ Lic.		Lic. Restriction	S CDL Endorsment		ear		ake			_ Veh Con	fig.			
Operator WO	Last	ALEX First	Middle		Las	t	Fir	st		Middle		-		
	VYOMING PLA		MA 02410		SS							_		
City MALDI		Sta	te_MAZip_02148				21	Dom	State			- -		
Insurance Cor		I O P I V		venicle Action Prior to Crash										
1	Vehicle Travel Direction: NSEW Responding to Emergency?  Citation # (If Issued)					23					10 Undercari	riage		
1	/		- 2. Cl		Harmful Event		24 24	1 4	<b>-</b> 9	<u> </u>	5 11 Totaled			
			1 2: ChSec		Contributing Co	25	Faur-1	8	7		5			
			occupants involved	Under	ride/Override	26 Seat	Towed 27   28 Safety Airbag	. 29	30 31 Frap	32 3	3			
Name (Last 1	First Middle)		Address		Age/DOB	Sex Pos.	Safety Airbag System Statu	Airbag I Switch	Code Code	Injury Tran Status Coo	sp.	ility		
Operator	r/Non-Motorist		See Above					+		10 1				
					1									



## Crash Narrative:

Operator of MV1 states he was traveling northbound on Chestnut Street approaching the intersection at

Woodward Street when MV2 failed to yield to his oncoming vehicle causing MV1 to crash head on with MV2. MV1
sustained front end damage and was towed from the scene.

Operator of MV2 states he was traveling southbound on Chestnut Street approaching the intersection at Woodward Street when he stated he was "blinded" by the oncoming vehicles headlights and still proceeded to make the left hand turn onto Woodward Street which caused MV2 to crash head on into MV1. MV2 sustained air bag deployment and front end damage and was towed from the scene. It should be noted the operator of MV2 only spoke Cantonese and his statement was translated into English by his friend Alex Wong.

Operator of MV2 was issued in hand Massachusetts Uniform Citation #T2012866 for MGL Ch. 89 Sec. 8 Failure to

(Continued or	n next page)						
W itnesses:							
Name (Last, First, Middle)		Address			F	Phone #	Statement
Property Damage:		•					·
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of	f Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Car	rier Issuing Authority C	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit#	Release code	42

From Veries Sester   From Ve		→ Direction	1 =	Vehicle 1	2 = Vehicle 2	₽ Pedest	rian		
### Care Note   Property Damage:    Care   Manual Suprimentation:   Address   Phone #   Statement	Crash Diagram:	ie: →[	1	→	2	→ 🖁			
Crash Narrative:  Yield, oncoming traffic All parties involved were evaluated by the medics for injuries and signed patient refusals.  Witnesses: Name-(Last, First, Middle) Address: Phone 8 34-Type Description of Danaged Property  Froperty Damage: Carrier Round Registration #									Occur
Crash Narrative:  Yield, oncoming traffic All parties involved were evaluated by the medics for injuries and signed patient refusals.  Witnesses: Name-(Last, First, Middle) Address: Phone 8 34-Type Description of Danaged Property  Froperty Damage: Carrier Round Registration #					_	<u></u>		☐ Off-Street Parking	Lot
Mail/Shopping Center   Other Private Way   Indicate North by Arrow									, 201
Crash Narrative:  Viald, oncoming traffic  All parties involved were evaluated by the medics for injuries and signed patient refusals.  Witnesses:  Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 94-Type Description of Damaged Property  Truck and Bus information:  Carrier Name  C			_ _		_ +				ntar
Truck and Bus information:  Carrier Isaing Authority Code  Truck and Bus information:  Address  City  St. Zip  Truck and Bus information:  Truck and Bus information:  Truck and Bus information:  Truck and Bus information:  Address  City  St. Zip  Truck and Bus information:  Truck and Bus information:  Address  Ad			_ _						
### Cario Narrative:  Yield, oncoming traffic All parties involved were evaluated by the medics for injuries and signed patient refusals.  Witnesses:  Name (Last, First, Middle)  Property Damage:  Owner (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name Carrier Name Carrier Name Carrier State Number Interstate 36  Address City St. Zip Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 38  Hazmat Information:  Placent 40 Material I digit # 41 Material Name Material 4 digit # Reg State code 42					_	 	 		
Witnesses: Name (Last, First, Middle)  Address  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Frozerty Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Frozerty Damage:  Carrier Name  Carrier Name  Carrier Name  Carrier Stating Authority Code  Address  City  St. Zip  US DOT #:  US DOT #:  State Number  Issuing State  ICC #:  Interstate  Trailer Reg #  Reg Type  Reg State  Reg Type  Reg State  Reg State  Reg Type  Reg State  Reg Year  Trailer Length  Address  Release code  42  Address  Address  Address  Release code  43								Indicate North by Al	rrow
Witnesses: Name (Last, First, Middle)  Address  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Frozerty Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Frozerty Damage:  Carrier Name  Carrier Name  Carrier Name  Carrier Stating Authority Code  Address  City  St. Zip  US DOT #:  US DOT #:  State Number  Issuing State  ICC #:  Interstate  Trailer Reg #  Reg Type  Reg State  Reg Type  Reg State  Reg State  Reg Type  Reg State  Reg Year  Trailer Length  Address  Release code  42  Address  Address  Address  Release code  43						<u> </u>	<del> </del>		
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:  Carrier Name  Carrier Name  Carrier Same  Carrier Same  Carrier Same  Carrier Same  Carrier Same  Carrier Same  Carrier State Mumber:  US DOT #: State Number:  Issuing State ICC #: Interstate  Truiler Reg # Reg Type Reg State Reg Year Truiler Length  Truiler Reg # Reg Type Reg State Reg Year Truiler Length  Placant  Material I digit # 41 Material Name Material 4 digit # Release code 42					_	 	 	$\perp$	
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:  Carrier Name  Carrier Name  Carrier Same  Carrier Same  Carrier Same  Carrier Same  Carrier Same  Carrier Same  Carrier State Mumber:  US DOT #: State Number:  Issuing State ICC #: Interstate  Truiler Reg # Reg Type Reg State Reg Year Truiler Length  Truiler Reg # Reg Type Reg State Reg Year Truiler Length  Placant  Material I digit # 41 Material Name Material 4 digit # Release code 42									
Mitnesses:  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:  Carrier Name  Address  City  St  Zip  US DOT #:  State Number  Issuing State  ICC #:  Interstate  Trailer Reg #:  Reg Type  Reg State  Reg State  Reg Year  Trailer Length  Address  Placent  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Release code  42									
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:  Carrier Name	Yield, oncoming traffic								
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #	All parties involved wer	e evaluated by	the	medics	for injuries	and signed p	patient	refusals.	
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Registration #									
Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name			A	Address				Phone #	Statement
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name	rume (East, First, Middle)		ď	taaress				THORE II	Statement
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name									
Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name	D								
Truck and Bus Information:  Registration #		Address			Phone #	34-Type	Descripti	on of Damaged Property	
Carrier Name						71		<u> </u>	
Carrier Name									
Carrier Name	- 1 10 16 1								
Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36								Coming Leaving Authority Cod	35
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									
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									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	27				issuing state	ICC#.		interstate	
Hazmat Information:  Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42				D (1)	D. W		9 7	39	
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42		Keg Type		_ Keg State	Reg Ye	earT	raner Lengt	п	
TIMOTHY F KFEFF	40	it # 41 Material	Name	e		Material 4	digit#	Release code	42
	TIMOTHY E KEEFE					NEWTON BOLLOT DEB : T	D.	02/12/00	121

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)