

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 03/09/2021	Time of Crash 18:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:							
NORTH CHESTNUT ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ WEST WOODWARD ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000179					
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____ Operator VALENTE III DANIEL GAETANO Address 117 ST. MARY'S ST. City NEEDHAM State MA Zip 02494 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 1KBY92 Reg Type PAN Reg State MA Veh Year 1997 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
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 ----- 1 4 4 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____ Operator TAN WEIHUA Address 25 MISSION PARK DRIVE (apt. 408) City BOSTON State MA Zip 02115 Insurance Company PLYMOUTH ROCK ASSURANCE CO Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N Citation # (If Issued) T2012866 Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 8SC253 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 13 24 4 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
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 ----- 1 1 4 0 0 10 1									
ZHAO, WENQUING			25 MISSION PARK DRIVE (apt 408) BOSTON, MA 02115 ----- F 3 1 1 4 0 0 10 1									

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash		Time of Crash		City/Town		Motor Vehicle Crash Police Report		Number Vehicles		Number Injured		Speed Limit		State Police <input type="checkbox"/>	
		24HR										Latitude		Local Police <input type="checkbox"/>	
												Longitude		MBTA Police <input type="checkbox"/>	
														Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:				9			
1				Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				10			
				At				Feet N S E W of or Mile Marker Exit Number							
				Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of				Route# Intersecting Roadway/Street			
				Also at Intersection with								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 3 4			
				Citation # (If Issued)				Most Harmful Event 23				1 9 10 Undercarriage			
				Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24				5 11 Totaled			
6				Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed				8 7 6			
				Please fill out for operator and all occupants involved								13			
				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				-----							
7				Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants				<input checked="" type="checkbox"/> Non-Motorist A Type 14 97				Action 15 97 Location 16 99 Condition 17 1			
				<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped							
				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 WONG ALEX				Owner Last First Middle				12			
				Address 12 WYOMING PLACE				Address							
				City MALDEN State MA Zip 02148				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 3 4			
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				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:

Woodward Street

Chestnut Street

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:

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 on next page)

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

TIMOTHY F KEEFE NEWTON POLICE DEPT 03/13/2021

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

CDP1 11 -24:00

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

Yield, 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 #	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

Gross Vehicle Weight

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

39

Hazmat Information:

Placa

Material 1 digit #

41	Material Name
----	---------------

e	Material 4 digit #
---	--------------------

Material 4 digit #

Release code

42

TIMOTHY F KEEFE

NEWTON POLICE DEPARTMENT

03/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____