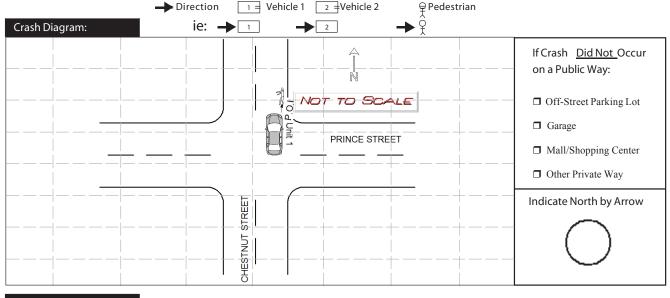
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	isetts	}		RMV	Docum	ent Number		
	Date of Crash 04/23/2021	Time of Crash 06:55 24HR	City/Tow NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		d Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	Xi	
			SECTION:		LOCA		>		NO				TION:		
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	WES	T PRINCI	A E ST	t	Feet N S E W of or									_   4	
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			Also at Interse	ction with		Feet [			Route	# — <u>I</u> ı	ntersect	ing Road	way/Street	- 11	
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		Class D	Lic. Restrictions	CDL	Veh Ye	ear 2020	Vel	n Make_M	ERCEDI	ES		Veh Con	fig. 1		
4 1	Operator ZHA	AO Last	TONGZHEN	Middle	Owner	(Same as open	rator)		First			Middle		- <b>1</b>	
		OAK ST (apt. 103				SS								-	
	City NEWTO		State	e MA Zip 02464											
5	Insurance Com				Vehicle Action Prior to Crash    1										
3	Vehicle Travel	Direction:	S E W Respo	nding to Emergency? N	Event	Sequence 3	22 22 23		22 2		$\overrightarrow{}$		10 Undercarr	riage	
	`	ssued)				Harmful Event	3	24	24	<b>←</b>	9		5 11 Totaled	lage	
<sup>6</sup> 1	1			: ChSec		Contributing Co	ode 25	1			<u>/</u>		6		
1			ator and all occupa	: ChSec	Underr	ride/Override		Towe		29   30	31 Trap I	32	33	13	
	Name (Last Fir		itor and an occup-	Address		Age/DOB	Sex I	Pos. \$ystem	Status Swi	tch Code	Trap I Code S	32 Tran Status Cod	sp. e Medical Facili	1 2	
	Operator			See Above				1	4 99	0	0	10 1		_	
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<sup>7</sup> <b>2</b>	Please Select C of the Followi	Vehicle	# Occupants	Non-Motorist A Ty	pe 1	4 Action 1	Loca	ation 2	16 Cond	lition 1	17	☐ Hit/	'Run Mop	ed	
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<sup>8</sup> <b>2</b>	Operator HAI	Last	HUEOOK First	Endorsment	Owner	Las	t		First			Middle		_	
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	City NEWTO	N	StateZip									-			
	Insurance Com	pany	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)				
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	Operator/	Non-Motorist		See Above								9 1		$\perp$	
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Paul of Crash   Time of Crash   Police Report   Support   Suppor	_	Police Use On			monwea						_		1-	t Number	
Police   P	Date of C	rash   Time of C	Crash City	//Town				sh $\left  \begin{smallmatrix} N \\ V \end{smallmatrix} \right $			Latitue	de		tate Police ocal Police IBTA Police	
Routed Direction  Name of Roadway/Street  All  Routed Direction  Name of Intersection with Also at Intersecting Roadway/Street    Feet   N   S   W   of													0	ther:	_
Rouse# Direction  Name of Intersecting Roadways/Street Abo at Intersecting Roadways/Street Abo at Intersecting Roadways/Street Abo at Intersecting Roadways/Street  Foot NSEW of Mile Marker or Exit Number  Foot NSEW of Mile Marker  Foot NSEW of Mile Mar		AT IN	FERSECTION	N:	< I	LOCAT	ION :	>		NOT	AT I	NTERS	SECT	ION:	
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For   N   E   W   of   Mile Marker   or   Exit Number	Route#	Direction	Nam		reet	R	oute# Directio	n Addr	ess#		Nam	e of Roady	way/Stre	eet	
Route# Direction   Name of Intersecting Roadway/Street   Feet   N S E W of   Route# Intersecting Roadway/Street   Feet   N S E W of   Route# Intersecting Roadway/Street   Landmark	1			Feet N S E W of or											
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Sex_Lic. Class	Veh	cle#Occup	oants Hit/R	un Mo	ped										
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City State Zip City Vehicle Action Prior to Crash	II .										Middle		_		
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Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  Operator  Vehicle  See Dob/Age  See Following:  Vehicle  See Above  Please Select One of the Following:  Operator  Vehicle  See Above  Please Select One of the Following:  Non-Motorist A Type 1 Action 7 Is Location 2 Io Condition 1 II Delit/Run Dependence of the Following:  Non-Motorist A Type 1 Action 7 Is Location 2 Io Condition 1 II Delit/Run Dependence of the Following:  Non-Motorist A Type 1 Action 7 Is Location 2 Io Condition 1 II Delit/Run Dependence of the Following:  Non-Motorist A Type 1 Action 7 Is Location 2 Io Condition 1 II Delit/Run Dependence of the Following:  Non-Motorist A Type 1 Action 7 Is Location 2 Io Condition 1 II Delit/Run Dependence of the Following:  Non-Motorist A Type 1 Action 7 Is Location 2 Io Condition 1 II Delit/Run Dependence of the Following:  Non-Motorist A Type 1 Action 7 Is Location 2 Io Condition 1 II Delit/Run Dependence of the Following:  Non-Motorist A Type 1 Action 7 Is Location 2 Io Condition 1 II Delit/Run Dependence of the Following:  Non-Motorist A Type 1 Action 7 Is Location 2 Io Condition 1 II Delit/Run Dependence of the First Motorist A Type 2 Io Condition 1 II Delit/Run Dependence of the First Motorist A Type 2 Io Condition 1 II Delit/Run Dependence of the First Motorist A Type 2 Io Condition 1 II Delit/Run Dependence of the First Motorist A Type 2 Io Condition 1 II Delit/Run Dependence of the First Motorist A Type 2 Io Condition 1 II Delit/Run Dependence of the First Motorist A Type 3 Io Condition 1 II Delit/Run Dependence of Type 3 Io Condition 1 II Delit/Run Dependence of Type 3 Io Condition 1 II Delit/Run Dependence of Type 3 Io Condition 1 II Delit/Run Dependence of Type 3 Io Condition 1 II Delit/Run Dependence of Type 3 Io Condition 1 II Delit/Run Dependence of Type 3 Io Condition 1 II Delit/Run Dependence of Type 3 Io Condition 1 II Delit/Run Dependence of				oponomig w El				23				$\downarrow \downarrow \Lambda$			iage
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  Vehicle #Occupants   Sec Normal   Sec N				tion 2: Ch	Sec		L	ıde	24	24	←		5	11 Totaled	
Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  Operator  Please Select One of the Following:  License #  St  DOB/Age  Reg #  Reg Type  Reg State  Veh Year  Veh Make  Veh Config.  Owner  Last  First  Middle  Address  Address  Address  Address  Address  Address  Address  Owner  Last  First  Middle  Address  Address  Address  Address  Address  Address  City NEWTON  State MA Zip 02466  City  NEWTON  State MA Zip 02466  City  New Tour to Crash  Citation # (If Issued)  Vehicle Action Prior to Crash  Owner  Citation # (If Issued)  Vehicle Travel Direction:  N S E W  Responding to Emergency?  Event Sequence  Vehicle Action Prior to Crash  Oriver Contributing Code  Vehicle Action Prior to Crash  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  A						Tower			7	6					
Operator    See Above   See Fos System States For System States Fo				Ondern	de/Override	2			30	31 32	2 33				
Please Select One of the Following:    Vehicle								Sex Pos.	System	Status Switc	h Code	Code Status	s Code	Medical Facili	ty
Condition   Cond	Оре			3	Above				-				+		
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Sex_F Lic. Class			CA	DOD/A		D #				Dan Tan			D C4-4		
Operator WYLIE MELISSA G Endorsment  Address 24 SHARON AVE  City NEWTON State MA Zip 02466 City State Zip  Insurance Company Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 22 22 21 1	I _	18	3 18	19			20								-
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Operator/Non-Motorist         See Above          10         1		ast First Middle)		<u> </u>	Address		Age/DOB		s. System	Airbag Airba Status Swit	g Eject ch Code	Trap Injury Code Statu	Transp.	Medical Facil	lity
	Ope	ator/Non-Motor	rist	S	ee Above				-			10	1		



## Crash Narrative:

(Continued on next page)

On Friday, April 23rd 2021, at approximately 6:55am, I, Officer Brooks, responded to Chestnut street at

Prince street, for an MVA pedestrian. Upon my arrival I spoke with an adult female who stated she was walking
eastbound on Prince street and was attempting to cross Chestnut street. She stated she looked northbound and
did not see anyone coming so she attempted to run across the street and was struck by a vehicle coming from
her left. The pedestrian stated she was not in the cross walk, and that she was struck in the area of her
left hip and thrown to the ground. She was not complaining of any injuries and refused to be evaluated by

EMS. I noted the pedestrian was wearing a full body length purple coat and a winter hat.

The operator of MV1(MA REG 9JYJ50) stopped to check on the pedestrian and left her phone number before leaving the scene. I was able to speak with the operator who stated she was traveling northbound on Chestnut

Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	Ź		Carrier Issu	ing Authority Cod	e 35
Address			City			St	Zip	
US DOT#:	State Number		Issuing State	ICC#:			Interstate	36
37		38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Le			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42

	Direction 1	∃ Vehicle 1 2	‡Vehicle 2	Pedestria	an	
Crash Diagram:	ie: 🕕 🛚	2	□ →	· }		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
			_ — — — —	+	Other Private Wa	y
		 		+	Indicate North by A	rrow
Crash Narrative:						
	ached Prince st	reet a female	party ran out	in front	of her vehicle causing h	er to
slam on the breaks. The o	perator stated s	she did not b	elieve that s	he made c	ontact with the pedestria	n but
that she did observe her	fall to the grou	ınd. She stop	ped to check o	n the ped	estrian who stated they w	ere ok,
and she provided her pho	ne number to her	r. I explaine	d in the futur	e she wou	ld need to contact us imm	ediately
or she could be charged w	ith leaving the	scene of an	accident, and	she was u	naware of all the informa	tion she
needed to provide to the	other party.					
The operator and the pede	strian were both	n provided th	e report numbe	r. Due to	MV1 leaving the scene be	fore my
arrival photographs could	not be taken.					
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 Vehi	cle Section)		
Carrier Name					Carrier Issuing Authority Coc	le 35
Address			City		St Zip	
US DOT#:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length 39	
Hazmat Information:	41					42
Placard Material 1 digit	# Material N	ame		Material 4 di	git# Release code	12
IOSEPH I BROOKS	<u> </u>	38339		N POLICE DEPARTA	04/23/2	021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)