

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/23/2021	Time of Crash 06:55 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	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			Route# Direction Address # Name of Roadway/Street								
WEST PRINCE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000281		
License # --- St MA DOB/Age ---			Reg # 9YJ50 Reg Type PAN Reg State MA			Veh Year 2020 Veh Make MERCEDES Veh Config. 1			20		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner (Same as operator)			Address			12		
Operator ZHAO TONGZHEN Last First Middle			Address			City State Zip			1		
Address 173 OAK ST (apt. 103)			City State Zip			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GEICO			Event Sequence 3 22 22 22 22			2 3 4			10 Undercarriage		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 3 23			1 24 24			5 11 Totaled		
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			6		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6			13		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			3		
Operator See Above			Operator			See Above			1		
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14			Action 1 15 Location 2 16 Condition 1 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20			2		
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Owner			Address			1		
Operator HAHM HUEOOK Last First Middle			Address			City State Zip			1		
Address 21 PUTNAM ST			City State Zip			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company			Event Sequence 22 22 22 22			2 3 4			10 Undercarriage		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event 23			1 24 24			5 11 Totaled		
Citation # (If Issued)			Driver Contributing Code 24 24			Underride/Override 25 Towed			6		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed			8 7 6			13		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			3		
Operator/Non-Motorist See Above			Operator/Non-Motorist			See Above			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:							
1 Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						9	
At						Feet N S E W of or Mile Marker Exit Number						10	
2 Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street						11	
Also at Intersection with						Landmark							
3 Route# Direction Name of Intersecting Roadway/Street													
<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						Veh Year Veh Make Veh Config. 20							
Endorsment													
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						13	
Citation # (If Issued)						Driver Contributing Code 24 24 Underride/Override 25 Towed							
6 Violation 1: Ch Sec Violation 2: Ch Sec						1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled							
Violation 3: Ch Sec Violation 4: Ch Sec													
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address						Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 Action 7 15 Location 2 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # St DOB/Age						Reg # Reg Type Reg State							
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL						Veh Year Veh Make Veh Config. 20							
Endorsment													
8 Operator WYLIE MELISSA G						Owner Last First Middle							
Address 24 SHARON AVE						Address							
City NEWTON State MA Zip 02466						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						13	
Citation # (If Issued)						Driver Contributing Code 24 24 Underride/Override 25 Towed							
Violation 1: Ch Sec Violation 2: Ch Sec						1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled							
Violation 3: Ch Sec Violation 4: Ch Sec													
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address						Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator/Non-Motorist See Above													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

PRINCE STREET

CHESTNUT STREET

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 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

(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

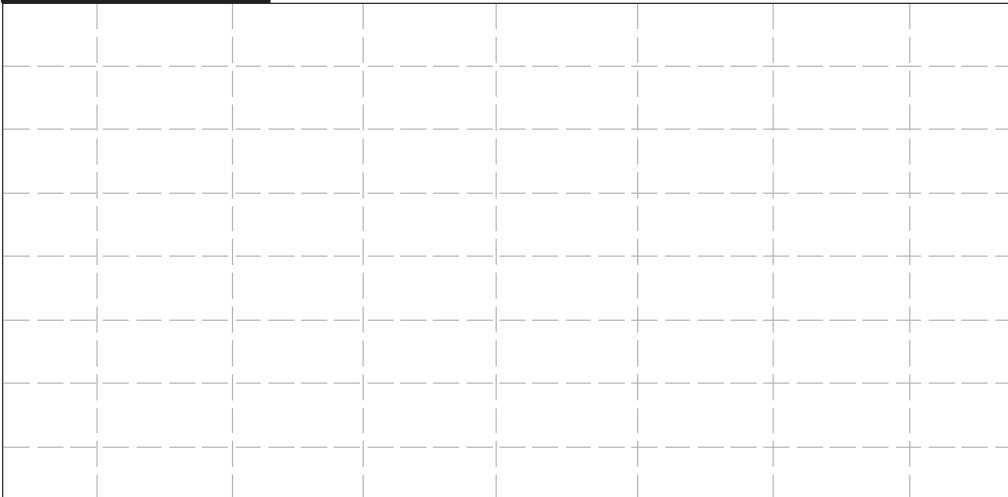
JOSEPH J BROOKS	38339	NEWTON POLICE DEPART	04/23/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

street, and as she approached Prince street a female party ran out in front of her vehicle causing her to slam on the breaks. The operator stated she did not believe that she made contact with the pedestrian but that she did observe her fall to the ground. She stopped to check on the pedestrian who stated they were ok, and she provided her phone number to her. I explained in the future she would need to contact us immediately or she could be charged with leaving the scene of an accident, and she was unaware of all the information she needed to provide to the other party.

The operator and the pedestrian were both provided the report number. Due to MV1 leaving the scene before 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 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 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

JOSEPH J BROOKS

38339

NEWTON POLICE DEPART

04/23/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date