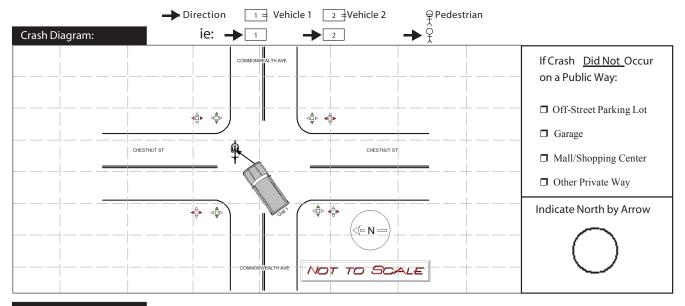
	Poli	ice Use Only		Commonwe	alth (of Massa	achu	isetts	\$		RMV	/ Docur	nent Number	
	Date of Crash 05/14/2021	Time of Crash 17:38	City/Tow NEWTON	Motor	r Veh	icle Cra	sh	Number Vehicles			d Limit ude		State Police Local Police MBTA Police	<u> </u>
	03/14/2021	17.38 24HR		Po		Report		1	1		gitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		NO	ΓΑΤ	INTE	ERSE	CTION:	
	SOU	TH CHEST	NUT ST											2
1 1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #		Nar	ne of R	oadway	/Street	$ 1^1$
	EAST	г СОММ	A ONWEALTH AV	.t E		Feet 1	N S E	W of		•	(or		_
	Route# Direc	etion N	Name of Intersecting	Roadway/Street			احاحا		Mile I	Marker			Exit Number	_
			Also at Inters	ection with		Feet	N S E	w of	Route	# <u>I</u>	ntersect	ting Roa	dway/Street	- <u> </u>
2 1	Route# Direc	tion	Nama of Intersec	ing Roadway/Street		Feet	N S E	W of						1
3	Route# Direc	tion	Name of intersec								Lan	ıdmark		
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	e Number		21	100000348	1					
	License#		St MA		_ Reg#	497YY1			Reg T	pe_PAN	N	Reg	State MA	_
	Sex_F_ Lic.	Class D 18 1	8 Lic. Restrictions		Veh Y	ear_2015	Vel	n Make_H	ONDA			Veh Co	nfig. 20	
4	Operator LIU	Last	ZIYING	Endorsment	Owner	(Same as ope	rator)		First			Middle		-
3	Address 161 C	ENTRAL AVE	rirst	wiiddle		SS						wiiddle	·	_
	City NEEDHA	AM	Stat	e_MA Zip_02494									Zip	_
	Insurance Com	npany_LIBWERT	Y MUTUAL		Vehicl	e Action Prior to	Crash	4	21	Damageo	d Area	Code: (0	Circle Up to Thr	ree)
5 1	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency? N	Event	Sequence 4	22 22	22	22 €		3		4	
1	Citation # (If I	ssued) T1446670			Most I	Harmful Event	4 23				9		10 Undercard 5 11 Totaled	riage
	Violation	1: Ch90/14/\$ec	Violation	2: ChSec	Driver	Contributing Co	ode 1	13 24 1	9 24		Ź	IJ,	3 11 Totaled	
⁶ 1	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Towe	ed Y 8		7		6	
			ator and all occup					26 27 Seat Safety	28 Airbag Airl	29 30 Eject	Trap Injury Transp.			1 1 4
	Name (Last Fir	st Middle)		Address See Above		Age/DOB		os. \$ystem	Status Swi	ich Code	Code :	\$tatus Co 10 1	ode Medical Facil	lity T
										+	+			
											_			
	,													
2	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A T	ype 2	Action 2	Loca	ation 4	16 Cond	lition 1	17 l	Hi	t/Run Mor	ped
	License#		St	DOB/Age	Reg#				Reg Ty	/pe		Reg	State	
	Sex F Lic. 0	Class 18 1		19		ear						Veh Co	20	
⁸ 1	Operator TUI		IAABELLA	Endorsment	_	Las								
1	Address 94 BF	Last	First	Middle		Las	it		First			Middle		
	City ALLSTO		Stat	e MA Zip 02134	-						State		Zip	_
	Insurance Com					e Action Prior to		2	21	Damageo			Circle Up to Thr	ree)
	Vehicle Travel Direction: NSEW Responding to Emergency?					Sequence	22 22	22	22 2		3		4	
	Citation # (If I			5 5 5 <u>5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 </u>	_	Harmful Event	23				1	/ \	10 Undercar	riage
	`	/	ec Violation	2: Ch Sec		river Contributing Code 24 24 5 11 Totaled								
	Violatio	25 8 7 6												
	Pl	ease fill out for	operator and all	4: ChSec				J	28 2 Airbag Airl	9 30 Eiect	31 Trap	32 Injury Tra	33 ansp.	\dashv
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syster	n Status Sw	itch Code	Code		ode Medical Faci	ility
	Орегают	1 TOTI INTO COLLECT		See Above						+		/ 2	1.11111	\dashv
						1				+				\blacksquare



Crash Narrative:

Witnesses:

Operator of vehicle one Ziting Liu stated on 05/14/2021 at approximately 17:38 hours she was driving west bound on Commonwealth Ave in her vehicle a 2015 Honda CRV (MA reg 497yy1). Liu stated that she was driving into the setting sun and was wearing sunglasses at the time. Liu stated that as she approached the four way intersection with Chestnut St she observed that west and east bound traffic on Commonwealth Ave had a green light and that north and south bound traffic on Chestnut St had a red light. Liu slowed her vehicle to turn left onto the south bound lane of Chestnut St. It should be noted that both Commonwealth Ave and Chestnut St are both public ways in the City of Newton. Liu stated that she did not observed any "cars" driving east bound on Commonwealth Ave so she proceed to make the left turn onto Chestnut St. Liu stated that she realized that her vehicle has struck an unknown object as she was turning left. Liu stopped her vehicle

(Continued on next page)

Name (Last, First, Middle)	Address			Phone #	Phone #		
DELIMA , ALEXANDRE,	413 POKOSS S FALL RIVER,					N	
BENTIS , LINDSAY, MARCH	209 FULLER ST NEWTON,MA	Γ				N	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Veh	nicle Section)			
Carrier Name			(110111 7 011		Carrier Issu	ing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		_ Material 4	digit #	Release code	42

Crash Diagram:	ie: → 1	2	→	Ŷ			
						If Crash <u>Did Not</u> (on a Public Way:	Occur
					<u> </u>	☐ Off-Street Parking	g Lot
						☐ Garage	
						☐ Mall/Shopping Co	enter
						☐ Other Private Way	
				+	<u> </u>	Indicate North by A	
		_				Illuicate North 2,	.ITOW
						()	
			+-				
Crash Narrative:	· 1			**-+ +h		+hmann from	
and saw that her vehicle h							
damage to the front passer							
that was approximately 12							
is indicative of an outside	_						
lot for storage. I filled	out a towed mot	or vehicle fo	orm.				
Bicyclist Isabella Turinov	vic stated that	she was riddi	ing her bike ,	east bo	ound on co	ommonwealth Ave nea	ar
Chestnut St. Turinovic sta	ated that east	bound traffi	ic had a green	light.	Turinovio	stated that as s	he was
crossing over Chestnut St	Liu's vehicle s	truck her cau	using her to h	it the w	rindshield	l. Turinovic was to	ossed
	on next page)						
W itnesses: Name (Last, First, Middle)		Address				Phone #	Statement
Name (Last, 1 nst, middle,		Address				Priorie #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged Property	
OWIET (Last, 1113t, Middle)	Address		PHOTE #	34-1ypc	Descripción.	Ol Dalliageu i Topert,	
Truck and Bus Information:	Registration #		(From Vehic		C	· · · A de-miss Cod	35
Carrier Name						arrier Issuing Authority Cod	le
						St Zip	36
US DOT #:		38	_ Issuing State	ICC #:_		Interstate	
Cargo Body Type Code Gro	ross Vehicle Weight				ſ	39	
	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:	41						42
Placard Material 1 digit	# Material Nar	me		Material 4	digit #	Release code	

1 = Vehicle 1 2 = Vehicle 2

 $\underset{T}{\rightleftharpoons} Pedestrian$

Direction

	→ Direction 1	Vehicle 1	2 ≢Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 1	→	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			— ☐ Off-Street Parkin	ng Lot
			į		☐ Mall/Shopping (Center
					Other Private W	ay
		 		+-	Indicate North by	Arrow
			+			
Crash Narrative:						
from her bike and onto	the roadway. Turi	novic was wea	aring a helme	t at the time	e of the crash. Turinov:	ic stated
that she did not lose	consciousness and	she was trans	sported to Ne	wton Wellesle	ey Hospital via EMS from	m
treatment . Turinovic	agreed to have he	r bike taken	by NFD Ladde	r One to be	stored at NFD station To	wo. I
took photo's of Liu's						
					ight on Chestnut St in	
bound lane. Delima sta	ted that Liu's veh	icle did not	yield to Tur	inovic as she	e turned left onto the	south
					ond witness Lindsay Ben	
			-		ound lane of Chestnut S	
		Liu fail to y	yield to Turi	novic as she	turned onto Chestnut S	t.
	ed on next page)					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name	Registration π		(11011)		Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC#:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38			39	
	Reg Type	Reg State	Reg Year_	Trailer	r Length	
Hazmat Information:						

Material 4 digit #_

Release code

Placard

Material 1 digit #

Material Name_

	→ Direction	1 ■ Vehicle 1	2 =Vehicle 2	₽ Pedestria	n	
Crash Diagram:	ie: →[1 -	2	→ ĝ		
					If Crash <u>Did No</u> on a Public Way:	
		_			—	ing Lot
					☐ Garage	
					☐ Mall/Shopping	Center
	- — — — — –	_			Other Private W	
		_	++	+	Indicate North by	
		 -	++			
						
Crash Narrative:						
Based upon statements ma	ade to be by all	involved par	rties, I concl	uded that L	iu is at fault for this	crash. I
issued via U.S. Mail, L	iu MA Uniform Ci	tation T1446	670 and cited	her for a v	iolation of MGL 90/14,	failure to
yield to oncoming bicyc	list when turnin	g left.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, First, Middle)	Address		THORE #	34-Type L	rescription of Damaged Froperty	
T						
Truck and Bus Information: Carrier Name				Tehicle Section)	Carrier Issuing Authority C	Sode 35
Address						
US DOT#:					Г	36
37	Gross Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year	Trail	er Length 39	
Hazmat Information:						
Placard 40 Material 1 d	igit # 41 Material	Name		Material 4 diş	git # Release code	42
MICHAEL A MCSWEENEY			NE	WTON POLICE DEPARTM	05/14	1/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)