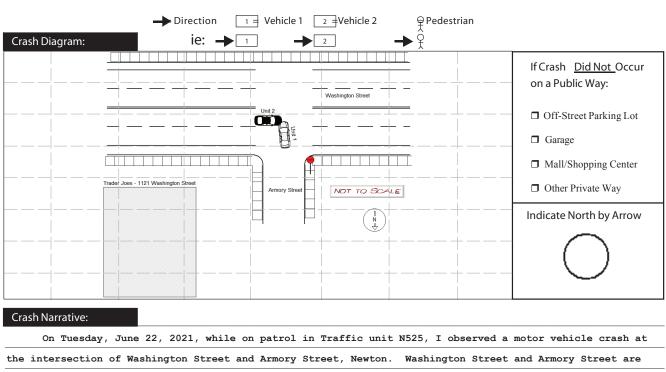
| | Poli | ice Use Only | | Commonwe | ealth | of Massa | achus | setts | | | RMV | V Docui | ment Number | | |
|--------------------------------------|--|------------------------|----------------------------|---------------------------------|-----------|--|--------|-------------------------|-------------------------------|----------|----------------------------|--------------|---|----------------|--|
| | Date of Crash 06/22/2021 | Time of Crash 15:01 | City/To NEWTON | 141010 | | nicle Cra Report | sh [| Number Vehicles 2 | | d Lati | ed Limi tude gitude_ | | State Police Local Police MBTA Police Other: | N | |
| | | AT INTER | SECTION: | < | LOCA | | > | 2 | | | | | CTION: | | |
| | SOU | | | | | | | | | | | | | 2 | |
| $egin{bmatrix} 1 \\ 1 \end{bmatrix}$ | Route# Direc | | | Roadway/Street | | Route# Direction | on Add | ress # | | Na | me of F | Roadway | /Street | 2 | |
| _ | At WEST WASHINGTON ST | | | | | Feet N S E W of • | | | | | | or | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Mile Marker Exit Number Feet NSEW of | | | | | | | _ | | |
| | | | Also at Inter | section with | | | | _ | Route | # | Intersec | ting Roa | adway/Street | - 3 | |
| ² 3 | Route# Direction Name of Intersecting Roadway/Street | | | | | Feet N S E W of | | | | | | | | | |
| 3 | | | | | | <u> </u> | | | | | | | | | |
| | _ | | | | se Numbei | | 210 | 0000455 | | DA | . | | | _ | |
| | License# | 18 1 | | 19 | | 1924DD Year 2016 | | M | | | | | State MA | - | |
| 4 | Sex_F Lic. 0 Operator VEI | | Lic. Restriction MARCELLA | Endorsment Endorsment | | | | | | | | _ Veh Co | onfig. 1 | $ 1^1$ | |
| 2 | | CSON ST (apt. 2 | First | Middle | | Owner (Same as operator) Last First Middle Address | | | | | | | | | |
| | City BELMON | | | nte MA Zip 02478 | | | | | | | | | Zip | _ | |
| | Insurance Company LIBERTY MUTUAL | | | | | City State Zip Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| 5 1 | Vehicle Travel | Direction: N | X E W Resp | oonding to Emergency? N | _ Event | Sequence 1 | 22 22 | 22 | 22 2 | | 3 | | 4 | | |
| 1 | Citation # (If I | ssued) 047509AB | <u> </u> | | Most | Harmful Event | 1 23 | | | 4 | 9 | | 10 Undercar 5 11 Totaled | riage | |
| | Violation | 1: Ch89/8_Sec | Violation | 2: ChSec | Drive | r Contributing Co | ode 4 | 24 | 24 | | VÍ | |) | | |
| ⁶ 2 | Violation | 3: ChSec | Unde | Underride/Override 25 Towed Y 6 | | | | | | | | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Age/DOB Sex Pos. System Status switch Code Code Status Code Medical Facility | | | | | | lity 1 | | | |
| | Operator See Above | | | | | | | 99 | 4 99 | 0 | 0 | 10 1 | N/A | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ⁷ 3 | Please Select C of the Followi | | 2 <u>1</u> #Occupan | ts Non-Motorist A | Гуре | 14 Action | Locati | ion | 16 Con | dition | 17 | Пн | it/Run Mo | ped | |
| | License# St MA DOB/Age DOB/Age | | | | | Reg # 3ZJ461 Reg Type PAN | | | | | Reg | Reg State_MA | | | |
| | Sex_M_ Lic. Class D 18 18 Lic. Restrictions B 19 CDL | | | | | Veh Year 2016 Veh Make FORD Veh Config. 1 | | | | | | onfig. 20 | | | |
| ⁸ 2 | Operator ZHU SHOABIN Endorsment Last First Middle | | | | | Owner ZHU CHENG Last First Middle | | | | | | | _ | | |
| | Address 301 RIVER STREET | | | | | Address 301 RIVER STREET | | | | | | | _ | | |
| | City NEWTON State MA Zip 02465 | | | | | City NEWTON State MA Zip 02465 | | | | | | _ | | | |
| | Insurance Company PROGRESSIVE | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | ree) | | |
| | 1 0 0 3 | | | | | Event Sequence 22 22 22 22 21 10 Undercarriage | | | | | | | riage | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | Most Harmful Event 1 24 9 5 11 Totaled | | | | | | | nage | | |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 1 | | | | | | | | | |
| | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | Underride/Override Towed N | | | | | | | | | |
| | Name (Last Fi | rst Middle) | operator and all | Address | | Age/DOB | Sex Po | os. Systen | 28 Airbag Air Status Sv | bag Ejec |) 31 Trap de Code | Status C | ansp. Code Medical Fac | ility | |
| | Operator/ | Non-Motorist | | See Above | | | | 99 | 4 99 | 0 | 0 | 10 1 | N/A | \blacksquare | |
| | | | | | | | | | | _ | | | | _ | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |



both public ways maintained by the City of Newton. The weather at the time of the crash was overcast with light rain. The road surface was wet.

While parked in the Armory Street side parking lot (W) 1121 Washington Street, I observed a white 2016 Mazda CX-3 (MA: 1924DD) accelerate from it's stopped position on Armory Street and onto Washington Street to merge into traffic. I then observed the Mazda's front driver side bumper/fender/wheel area crash into the front passenger side bumper/fender/wheel area of a passing 2016 black Ford Fusion (MA: 3ZJ461) The Ford was traveling on Washington Street (W) and had the right of way.

(Continued on next page)

| W itnesses: | | | | | | | | |
|-------------------------------|-----------------|-----------|-----------------|-------------|---------|------------------|-------------------|-----------|
| Name (Last, First, Middle) | | Address | | | | Phone # | | Statement |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Desc | ription of Damag | ged Property | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | le Section) | | | | 35 |
| Carrier Name | | | | | | Carrier Issu | ing Authority Cod | |
| Address | | | City | | | St | Zip | |
| US DOT #: | State Number | | _ Issuing State | ICC #:_ | | | Interstate | 36 |
| | Vehicle Weight | 38 | | | | 39 | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer L | ength | | |
| Hazmat Information: | | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Nat | me | | Material 4 | digit# | | Release code | 42 |
| | | | | | | | | |

| MICHAEL R GAUDET | | | NEWTON POLICE DEPARTM | | 06/22/2021 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

| | Direction | 1 = | Vehicle 1 | 2 = Vehicle 2 | ₽Ped | estrian | | |
|--|----------------------|---------|-----------|----------------|-------------------|------------|--|-----------|
| Crash Diagram: | ie: →[| 1 | → | 2 | → 9 | | | |
| | | | | | | | If Crash <u>Did No</u> on a Public Way: | |
| | | _ _ | | | | <u> </u> | Off-Street Park | ing Lot |
| | | _ _ | | <u> </u> | | | Garage | |
| | | į | | | | | ☐ Mall/Shopping | Center |
| | - — — — — - | - - | | - | - | - + - | Other Private V | Vay |
| | - — — — — — | - - | | <u> </u> | <u> </u> | - | Indicate North by | ' Arrow |
| | | - - | | <u> </u> | | - | | |
| | | | | <u> </u> | | | () | |
| | | | | | | | | |
| Crash Narrative: | | | | | | | | |
| The operator of the | ne Mazda, Ms. Ma | rce | lla Velas | co (S2831204 | 1) was pr | ovided | d Massachusetts Uniform | n . |
| Citation 047509AB in har | | | | | | | | |
| was removed from the roa | | | | | | | | erprise |
| Rent-A-Car located at 12 | 229 Washington S | tre | et, Newto | on due to her | vehicle | being | disabled. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Witnesses: | | | | | | | | |
| Name (Last, First, Middle) | | 1 | Address | | | | Phone # | Statement |
| | | | | | | | | |
| | | + | | | | | | |
| | | | | | | | | |
| Property Damage: Owner (Last, First, Middle) | Address | | | Phone # | 34-Ty | oe De | scription of Damaged Property | |
| | | | | | , | | _ · | |
| | | | | | | | | |
| Truck and Bus Information: | B | | | (F. | W1:1.0 | | | |
| Carrier Name | Registration # | | | | n Vehicle Section | | Carrier Issuing Authority C | Code 35 |
| Address | | | | City | | | St Zip | |
| US DOT #: | State Number | | | Issuing State | ICO | C#: | Interstate | 36 |
| Cargo Body Type Code 37 | Gross Vehicle Weight | 3 | 38 | | | | | |
| Trailer Reg #: | Reg Type | | Reg State | Reg Y | ear | Trailer | Length 39 | |
| Hazmat Information: | | | | | | | | |
| Placard 40 Material 1 di | git # 41 Material | Nam | ne | | Materi | al 4 digit | # Release code | 42 |
| MICHAEL R GAUDET | | | | | NEWTON POLICE D | PARTN | 06/2: | 2/2021 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)