

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/05/2021		Time of Crash 17:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25 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:							
<div>WEST BEACON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH GLEN AVE</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000490					
License # --- St MA DOB/Age ---				Reg # 9EB432 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 20 Veh Make MERZ Veh Config. 2 20									
Operator PARK JOOWON				Owner DAIMLER TRUST									
Address 163 CHESTNUT HILL AVE (apt. 5)				Address PO BOX 685									
City BRIGHTON State MA Zip 02135				City ROANOKE State TN Zip 76262									
Insurance Company UNK				Vehicle Action Prior to Crash 99 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 99 22 99 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 1 23				1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 99 24 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				8 7 6					
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													
Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 2 14 Action 1 15 Location 4 16 Condition 99 17 <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									
Operator CHIN JADEN				Owner									
Address 25 CYNTHIA RD				Address									
City NEWTON State MA Zip 02459				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					
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					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed				8 7 6					
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													
Operator/Non-Motorist See Above													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    → Pedestrian

Beacon St

Glen Ave

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 July 5th 2021 while assigned to NPHQ front desk, Jaden Chin DOB 4/5/05 came in with his father Michael Chin to report a past auto vs bicyclist accident. Jaden stated the accident occurred on June 19th at the intersection of Beacon St and Glen Ave. When I inquired as to the reason this was being reported several weeks after the incident itself, Jaden and his father originally told me that they thought it was the motorist's responsibility to report it. After a few minutes of conversation it was learned that the Chin family had recently been contacted by the insurance company of the involved driver, allegedly due to exterior damage on the vehicle exceeding cost expectations. I was then told that a verbal agreement had previously been made by all parties to handle any incurred costs (whether they be medical bills for Jaden or auto body bills for the vehicle) without involving insurance. The recent call from the insurance company

(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

KELEIGH N DONAHUE

NEWTON POLICE DEPT

07/05/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

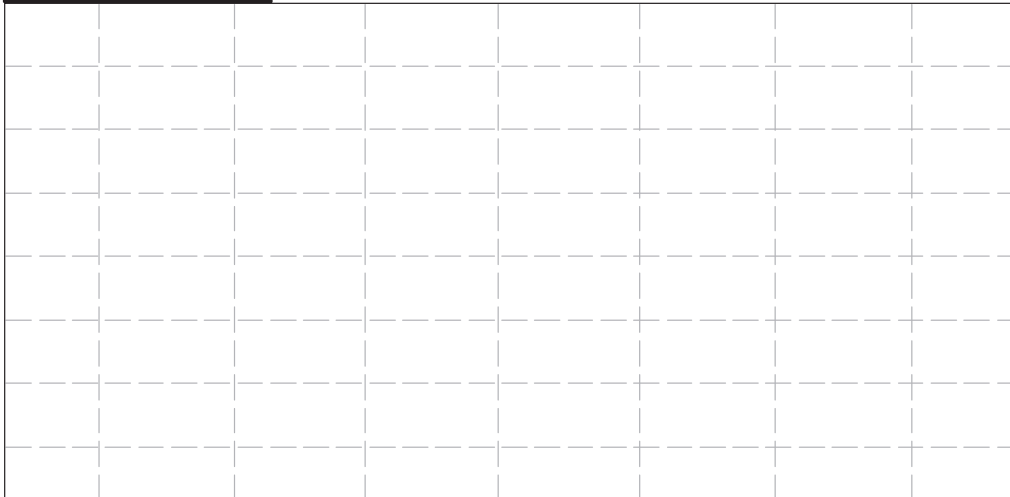
Precinct/Barracks

Date

→ 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:

prompted Michael and Jaden Chin to come in to file a report. I then advised them that although I will document a statement from Jaden, the circumstances no longer provide for a standard police crash investigation.

Jaden stated he was riding his bicycle on the sidewalk of Beacon St heading westbound towards Newton Center, when he and a black Mercedes collided in a "t-bone" manner as the Mercedes was pulling out of Glen Ave to turn onto Beacon. Jaden stated he hit a passenger side door of the car when he was crossing Glen Ave, dropping to the ground on his bike after impact. He added that there were bushes blocking his view of Glen Ave and is not sure if he stopped before entering the roadway. Injuries reported are jaw pain and minor bruising.

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#### 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

KELEIGH N DONAHUE

NEWTON POLICE DEPART

07/05/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

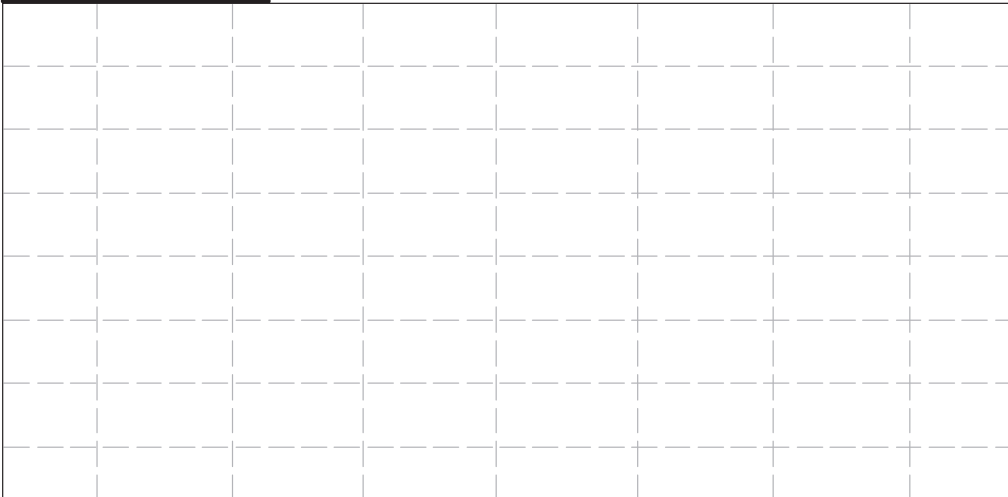
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

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#### Crash Diagram:



If Crash Did Not Occur  
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Indicate North by Arrow



#### Crash Narrative:

The driver left his information with Jaden and is identified as Joowon Park DOB 6/15/88. He has an active license and CJIS has him listed as leasing MA reg 9EB432, a black Mercedes GLC. I attempted to call Park at the number provided to me by Jaden Chin with negative results.

All streets mentioned are public ways in the City of Newton. The Chins were advised that a report will be on file documenting Jaden's statement, but that in the future they need to call police immediately after an incident like this occurs.

#### 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

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KELEIGH N DONAHUE

NEWTON POLICE DEPART

07/05/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date