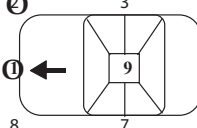


Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 09/26/2021	Time of Crash 15:07 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>	

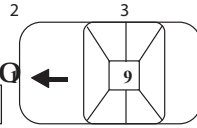
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____	ALBEMARLE RD	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				
EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	WATERTOWN ST	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Landmark _____				

<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number <u>210000760</u>
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License # _____ St <u>CA</u> DOB/Age _____	Reg # <u>1WAZ57</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D 18 18</u> Lic. Restrictions <u>1 19</u> CDL _____	Veh Year <u>2008</u> Veh Make <u>TOYT</u> Veh Config. <u>1 20</u>
Operator <u>YOUSEF HAKEEM</u>	Owner <u>(Same as operator)</u>
Address <u>12841 SPINDLEWOOD DR</u>	Address _____
City <u>MIRADA</u> State <u>CA</u> Zip <u>90638</u>	City _____ State _____ Zip _____
Insurance Company <u>GEICO</u>	Vehicle Action Prior to Crash <u>4 21</u> Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>	Event Sequence <u>1 22 1 22 22 22</u> 
Citation # (If Issued) _____	Most Harmful Event <u>1 23</u>
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code <u>19 24 24</u>
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override <u>25</u> Towed <u>Y</u>

Please fill out for operator and all occupants involved		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	-----	---	---	99	4		0	0	10	1	
LIN, RAYMOND	20 JULES TER NEWTON, MA 02459	-----	M	3	99	4		0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants	<input type="checkbox"/> Non-Motorist A Type <u>14</u>	Action <u>15</u>	Location <u>16</u>	Condition <u>17</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
---	--	------------------	--------------------	---------------------	----------------------------------	--------------------------------

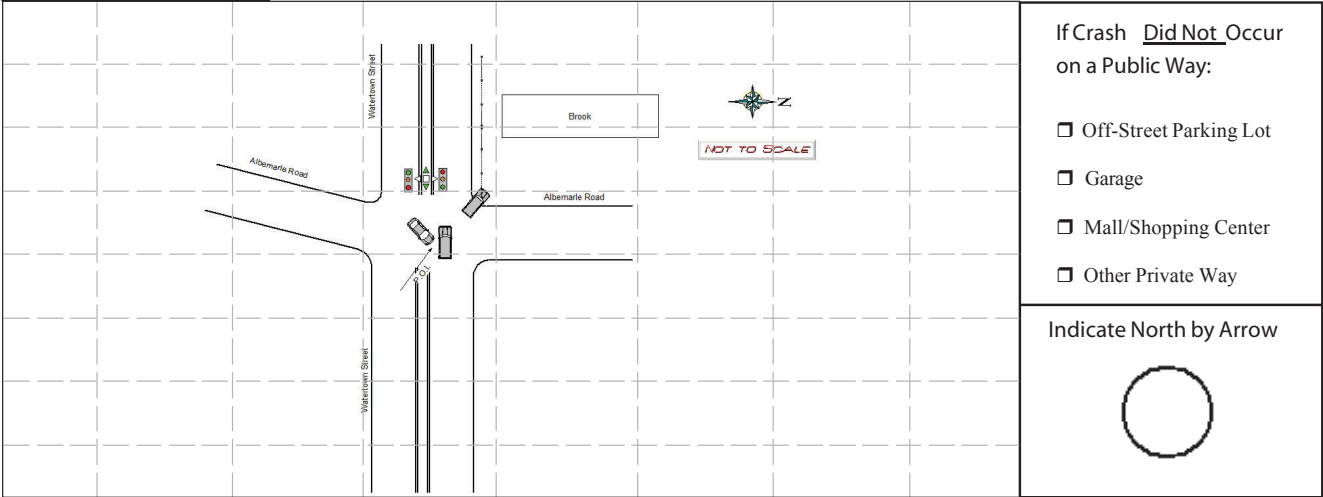
License # _____ St _____ DOB/Age _____	Reg # <u>6RC258</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex _____ Lic. Class <u>18 18</u> Lic. Restrictions <u>19</u> CDL _____	Veh Year <u>2017</u> Veh Make <u>HOND</u> Veh Config. <u>1 20</u>
Operator _____	Owner <u>YANG HONGBIN</u>
Address _____	Address <u>12 DUNSTAN</u>
City _____ State _____ Zip _____	City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u>
Insurance Company <u>ARBELLA MUTUAL INS</u>	Vehicle Action Prior to Crash <u>1 21</u> Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>	Event Sequence <u>1 22 24 22 30 22</u> 
Citation # (If Issued) _____	Most Harmful Event <u>30 23</u>
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code <u>1 24 24</u>
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override <u>25</u> Towed <u>Y</u>

Please fill out for operator and all occupants involved		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	-----	---	---								
YANG, HONGBIN	12 DUNSTAN NEWTON, MA 02465	-----	M	1	1	4		0	0	10	1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ⊕ Pedestrian

Crash Diagram:

ie: → 1 → 2 → ⊕



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:

Opr of MV1 stated he was attempting to make a left hand turn on Albemarle Road. At this time, he did not see MV2 coming and made contact with it. MV1 sustained damage to the front end and was towed by Todys's. Opr of MV1 signed a refusal with the medics.

Passenger of MV1 (Raymond) stated they were driving and thought they could make the turn. At this time, they struck MV2. Pass was not injured.

Raymond assisted me with talking to Opr of MV2. Opr stated he was traveling on Watertown Street towards West Newton. While traveling straight MV1 drove in front of him and made contact with his vehicle. MV2 then turned and drove into the fence on the bridge of the brook. MV2 was towed by Todys's and Opr was not injured.

Photos were taking at the scene and placed in the IT box to be attached due to the damage of City property.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	ALBEMARLE ROAD NEWTON, MASSACHUSETTS		3	FENCE

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

DANIEL ANDERSON

32456

NEWTON POLICE DEPART

09/26/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date