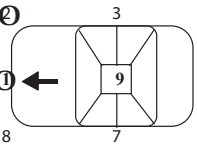
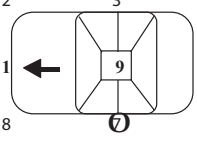


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/09/2021	Time of Crash 07:58 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 232 CALIFORNIA 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			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>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000800			
License # _____ St MA DOB/Age _____			Reg # 6NL748		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>99</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2017		Veh Make FORD		Veh Config. <u>1</u> <u>20</u>			
Operator PROIA DIANNE M			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 19 WOODROW AVE			Address _____		First _____ Middle _____		Last _____			
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company SAFETY INSURANCE			Event Sequence <u>2</u> <u>22</u> <u>2</u> <u>22</u> <u>22</u> <u>22</u>		Most Harmful Event <u>2</u> <u>23</u>		Driver Contributing Code <u>9</u> <u>24</u> <u>24</u>			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u>		Towed <u>Y</u>					
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 11 Totaled			
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		-----		--- 1 4 99 0 0 8 2		NEWTON WELLESLEY	
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 MA DOB/Age _____			Reg # FB2F5		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>99</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2015		Veh Make HONDA		Veh Config. <u>1</u> <u>20</u>			
Operator JUN JIEUN			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 44 THOMAS ST			Address _____		First _____ Middle _____		Last _____			
City BELMONT State MA Zip 02478			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company THE COMMERCE INSURANCE			Event Sequence <u>97</u> <u>22</u> <u>97</u> <u>22</u> <u>22</u> <u>22</u>		Most Harmful Event <u>97</u> <u>23</u>		Driver Contributing Code <u>1</u> <u>24</u> <u>1</u> <u>24</u>			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u>		Towed <u>N</u>		10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		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							
Operator/Non-Motorist			See Above		-----		--- 0 4 99 0 0 10 1			

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Date of Crash 10/09/2021	Time of Crash 07:58 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ 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 _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000800			
License # _____ St MA DOB/Age _____			Reg # 6VX689		Reg Type PAN		Reg State MA			
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2018		Veh Make BMW		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator JING YOU Last First Middle			Owner (Same as operator)		Last First Middle					
Address 110 CHESTNUT ST (apt. 5)			Address _____		Last First Middle					
City WALTHAM State MA Zip 02453			City _____		State _____ Zip _____					
Insurance Company GEICO			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21		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? N			Event Sequence <input type="checkbox"/> 97 <input type="checkbox"/> 22 <input type="checkbox"/> 97 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 97 <input type="checkbox"/> 23		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 1 <input type="checkbox"/> 24		Underride/Override <input type="checkbox"/> 25 Towed N					
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 _____			
Operator See Above			-----		99 4 99 0 0 10 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 20			
Operator _____ Last First Middle			Owner _____		Last First Middle					
Address _____			Address _____		Last First Middle					
City _____ State _____ Zip _____			City _____		State _____ Zip _____					
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24		Underride/Override <input type="checkbox"/> 25 Towed _____					
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 _____			
Operator/Non-Motorist See Above			-----		-----					

Crash Narrative:
MV1 while proceeding East bound on California Street struck parked MV2. MV1 continued straight and struck parked MV3.
Owner of MV2 and MV3 were notified and completed an exchange of information with owner of MV1
Driver MV1 transported via Medic #3 to Newton-Wellesley Hospital for evaluation.
MV1 towed to Tody's and a towed motor vehicle form was completed and filed.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ISAIAH JELLINEK			NEWTON POLICE DEPT.		10/09/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					