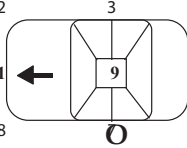
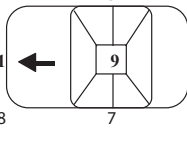
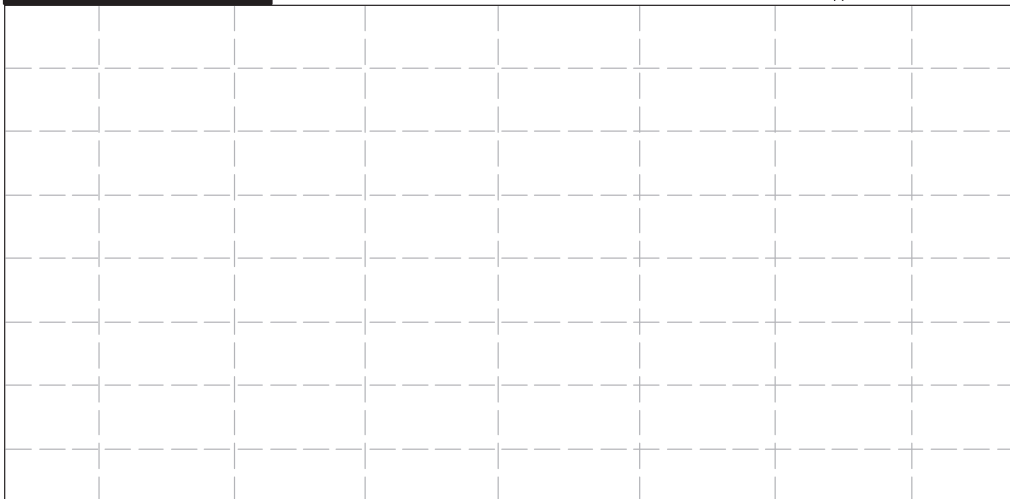


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/22/2021		Time of Crash 13:07 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude Longitude		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				NORTH 125 DERBY ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000853						3	
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Reg # 3VD471 Reg Type PAN Reg State MA Veh Year 2017 Veh Make KIA Veh Config. 1 20								7	
Operator Last First Middle Address				Owner PERRY KATHLEEN Address 28 GUMWOOD LN								12	
City State Zip Insurance Company HANOVER				City WAKEFIELD State MA Zip 01880 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)								13	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								2	
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec												11	
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								13	
Operator See Above												2	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												1	
License # St MA DOB/Age Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Reg # 29EV18 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 2 20								8	
Operator CHUA ALAN Address 9 GLENDALE ROAD				Owner CHUA ALVIN COO Address 9 GLENDALE ROAD								1	
City FISKDALE State MA Zip 01518 Insurance Company LM GENERAL				City FISKDALE State MA Zip 01518 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)								13	
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								2	
Citation # (If Issued) 173173AB Violation 1: Ch 90/24/C Sec Violation 2: Ch 19/75 Sec Violation 3: Ch Sec Violation 4: Ch Sec												11	
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								13	
Operator/Non-Motorist See Above				99 4 99 0 0 10 1 N/A								2	

→ 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:

the city. The only information they had was that his name was Alan. The staff stated they were in the process of figuring out what school Alan was going to be at today and they would provide him with my contact information.

A short time later, I received a phone call from a party named Alan Chua. Mr. Chua stated he was the operator involved in the crash on 10/22/21 at the Franklin Elementary School. Mr. Chua stated he was backing out of a spot in the parking lot behind the school when the rear of his vehicle crashed into MV1, which was parked and unoccupied in the lot. Mr. Chua stated he had an engagement he had to go to so he left the area and did not stop to exchange information or attempt to find the owner of MV1. Mr. Chua stated he is not sure if there is any damage to his vehicle as a result of the crash. Mr. Chua reported no injuries as a result of the crash.

(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

GEORGE M CLAFLIN

NEWTON POLICE DEPT

10/22/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

Mr. Chua was advised and will be mailed Massachusetts Uniform Citation 173173AB for Chapter 90, Section 24 (Leaving the Scene of Property Damage) and Newton City Ordinance Chapter 19, Section 75 (Failure to Use Care) .

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

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

GEORGE M CLAFLIN

NEWTON POLICE DEPART

10/22/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date