

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/26/2021	Time of Crash 08:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 367 LANGLEY RD			Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number			Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000872	
License # --- St MA DOB/Age ---			Reg # 5HL884 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make AUDI Veh Config. 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator YOON HANNA			Owner (Same as operator)				
Address 367 LANGLEY RD			City NEWTON State MA Zip 02459			Insurance Company GEICO				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Citation # (If Issued)			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Event Sequence 3 22 99 22 22 22 2 Most Harmful Event 3 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N				
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 1 14 Action 2 15 Location 9 16 Condition 1 17			<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20				
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Operator SEO WOO JIN			Owner				
Address 383 LANGLEY RD. (apt. 5)			City NEWTON State MA Zip 02459			Insurance Company				
Vehicle Travel Direction: N S E W Responding to Emergency?			Citation # (If Issued)			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed				
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

357 Langley Rd

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 October 26th 2021 while assigned to the front desk, Hanna Yoon DOB 9/9/83 came in to report a minor past mva/pedestrian. Yoon states that around 0820 hrs today, she was pulling out her driveway at 357 Langley Rd (Ma reg 5HL884). Yoon did not see a pedestrian approach from the right, and contact was made at a slow rate of speed. Yoon states the pedestrian did not fall down. She believes that the front right part of the vehicle hit the person's left thigh. Yoon asked the pedestrian if she was ok, to which the woman stated she was fine. The woman asked for and was provided Yoon's cell phone number before walking away. Her clothing description is unknown.

Around 1100hrs Yoon then received a text from 617-913-5141. The person texting identified them self as the woman who was hit, and stated she was in the hospital with leg pain. She then texted that the hospital would

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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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

contact Yoon for more information. Yoon did not respond and has not been contacted by anyone since this text. A name was not provided by the texter.

There are no entries in QED indicating that the unknown pedestrian has called to report this accident. I tried to call the number provided with negative results. At this time, there is no identifiable victim. Yoon was advised that I will document her statement, and in the future it is best to call police to the scene of a crash in order to avoid confusion.

Update by Lt. Dangelo:

On 10/27/21 at approximately 0830 hrs. the pedestrian from the accident, Woo Jin Seo came into HQ with her mother to report the accident. She stated that on 10/26/21 at approximately 0820 hrs. she was walking to

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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

10/26/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

