	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts	,		RMV	Docum	ent Number	
	Date of Crash 10/26/2021	Time of Crash 08:00 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 1		ed Latit	d Limit ude gitude_	5	State Police Local Police MBTA Police Other:	Xi
			RSECTION:		LOCAT		>		NO				TION:	<u> </u>
						NORTH	367		LANC	GLEY RD				2
1 99	Route# Direc	tion	Name of Re	oadway/Street	R	Route# Directio		dress #				oadway/S	Street	210
99			At			Feet N	N S E	w of		•	c	or		$ \frac{2}{}$
	Route# Direc	etion N	Name of Intersecting	Roadway/Street					Mile	Marker			Exit Number	_
			Also at Intersec	tion with		Feet N	SE	W of	Route	e# <u>I</u>	ntersect	ing Roady	way/Street	-
² 99		··	N. C	D 1 (G)	-	Feet N	SE	W of				Ü	,	99
3	Route# Direc	tion	Name of Intersection	ng Roadway/Street							Lan	dmark		4
99	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		21	00000872						
	License#		St MA	DOB/Age	Reg#5	HL884			Reg T	ype_PAN	J	Reg S		
	Sex_F Lic.	Class D 18 1	Lic. Restrictions	19 CDL	Veh Ye	ar_2015	Veh	Make_A	UDI			Veh Con	fig. 20	
4	Operator YO	ON Last	HANNA	Endorsment	Owner .	(Same as oper	ator)		Firet			Middle		- 7 12
99	Address 367 L	ANGLEY RD	A 44.0%			S						die		.
	City NEWTO	N	State	MA Zip 02459	City						_State_	Zi	ip	-
	Insurance Com	pany_GEICO			Vehicle	Action Prior to		1		Ü		,	ircle Up to Thre	e)
5 2	Vehicle Travel	Direction: N	S E W Respor	ding to Emergency? N	Event S	Sequence 3 2	99 22	22	22	2	3		4	
	Citation # (If I	ssued)			Most H	armful Event	3 23		1	—	9	/ ;	10 Undercarri5 11 Totaled	age
6	Violation	1: ChSec	Violation 2	ChSec	Driver	Contributing Co		9 24	24		Ą			
⁶ 99				ChSec	Underri	de/Override	25	Towe	d_N	<u> </u>			6	
	Please to Name (Last Fir		ator and all occupa	nts involved Address		Age/DOB	Sex S	26 27 eat Safety os. System	28 Airbag Ai Status Sv	29 rbag Eject ritch Code	31 Trap I Code S	32 3 njury Tran status Code	sp. e Medical Facilit	ty 3
	Operator			See Above				99	4 9	9 0	0	10 1		
⁷ 99	Please Select C of the Followi	Vehicle	e# Occupants	X Non-Motorist A Type	e 14	Action 2	5 Loca	tion 9	16 Cor	dition 1	17	Hit/	Run Mop	ed
	License#		St	DOB/Age	Reg#				Reg 7	ype		Reg S	tate	_
	Sex_F Lic.	Class 18 1	8 Lic. Restrictions	19 CDL	_	ar						Veh Con	fig. 20	
8 99	Operator SEC	Last	WOO JIN	Endorsment	Owner	Last			First			Middle		_
99	Address 383 L	ANGLEY RD. (a		Middle		Last			First			Middle		_
	City NEWTO	N	State	MA Zip 02459	City						_State_	Zi	ip	-
	Insurance Com	ipany			Vehicle	Action Prior to	Crash	2	21	Damageo	d Area (Code: (Ci	ircle Up to Thre	æ)
	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?	Event S	Sequence 2	2 22	22	22	2	3		4	
	Citation # (If I	ssued)			Most H	armful Event	23	_		4	9	/	10 Undercarri 5 11 Totaled	age
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	Violatio	n 3: ChSe	ec Violation	1: ChSec	Underri	de/Override	25	Towed			7		6	
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 27 eat Safety Pos. Syster	28 Airbag Ai n Status S	29 30 rbag Eject witch Code	31 Trap I Code	32 3 njury Tran Status Coo		ity
		Non-Motorist		See Above								8 1		
										+				\dashv



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

(Continued	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Dama	ged Property	
			+				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Carrier Name				,	Carrier Iss	uing Authority Coc	35 le
Address			City		St	Zip	
							36
US DOT #:	State Number		Issuing State	ICC #:		Interstate	
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:							
40	41						42
Placard Material 1 dig	it # Material Na	ame		Material 4 d	ligit #	_ Release code	
KEI EICH NI DONAHIJE			NEWTON	N BOLICE DEBARTS		10/26/2	021

KELEIGH N DONAHUE			NEWTON POLICE DEPARTM		10/26/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: →	1 -	2	₽ Ŷ			
				 		f Crash <u>Did Not</u> (on a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
		į į	į	į		■ Mall/Shopping Co	enter
						☐ Other Private Way	,
						ndicate North by A	rrow
						()	
Crash Narrative:	formation Voon	did not rospo	and and has not	t boon so	ntagted by a	nyono singo t	his
text. A name was not prov			ond and has no			nyone since c	
There are no entries in (own pedestrian	has call	ed to report	this accident	. I
tried to call the number	provided with n	negative resul	lts. At this t	ime, ther	e is no iden	tifiable victi	m. Yoon
was advised that I will	document her st	tatement, and	in the future	it is be	st to call p	olice to the s	cene of
a crash in order to avoid	d confusion.						
Update by Lt. Dangelo:							
On 10/27/21 at approximat	cely 0830 hrs. t	the pedestrian	n from the acc	ident, Wo	o Jin Seo ca	me into HQ with	h her
mother to report the acci	dent. She state	ed that on 10	0/26/21 at app	roximatel	y 0820 hrs.	she was walkin	g to
(Continued	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Pho	ne #	Statement
Dranarty Damage							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
	•						
Truck and Bus Information:	Registration #		(From Veh	nicle Section)	Contract to	To to A dod Col	35
Carrier Name						Issuing Authority Cod	le
Address			City				36
US DOT #:		38	Issuing State	ICC #:_		Interstate	
Cargo Body Type Code G	ross Vehicle Weight					30	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:	41						42]
Placard Material 1 digi	t # Material N	Name		_ Material 4	ligit #	Release code	42
						10/26/20	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

On a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow Crash Narrative: Newton South High School from 383 Langley rd. when a vehicle backing out of a nearby driveway bumped her. stated that she did not fall down, but did suffer an injury to her leg. She stated that the operator of the vehicle stopped and checked and left her phone number. Ms. Seo went to Beth Israel Lahey urgent care the day for leg and shoulder pain. I contacted the operator Hanna Yoon and updated her. Witnesses:	→	▶ Direction 1 =	Vehicle 1 2	_≠Vehicle 2	₽ Pedestrian	
Crash Narrative: Newton South High School from 383 Iangley rd. when a vehicle backing out of a nearby driveway bumped her. stated that she did not fall down, but did suffer an injury to her leg. She stated that the operator of twehicle stopped and checked and left her phone number. Ms. Seo went to Beth Israel Labey urgent care the day for leg and shoulder pain. I contacted the operator Ranna Yoon and updated her. Witnesses: Name (Last, First, Middle) Address Phone # 34Type Description of Damaged Property Truck and Bus Information: Registration #	Crash Diagram:	ie: → ¹	2		→ĝ	
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Crash Narrative: Cash Narrative: Other Private Way Indicate North by Arrow						
Crash Narrative: Newton South High School from 383 Langley rd. when a vehicle backing out of a nearby driveway bumped her. stated that she did not fall down, but did suffer an injury to her leg. She stated that the operator of the vehicle stopped and checked and left her phone number. Ms. Seo went to Beth Tarael Lahey urgent care the day for leg and shoulder pain. I contacted the operator Hanna Yoon and updated her. Witnesses: Name (Last, First, Middle) Address Phone # State Property Damage: Owner (Last, First, Middle) Address Phone # State Address Phone # State Carrier Name (Last, First, Middle) Address Carrier Name (Last, First, Middle) Address Carrier Name (Last, First, Middle) Track and Bus information: Carrier Name (Last, First, Middle) State Number (Last, First, Middle) Address (From Vehicle Section) Carrier Name (Last, First, Middle) State Number (Last, First, Middle) Address (From Vehicle Section) Carrier Name (Last, First, Middle) Trailer Reg # (From Vehicle Section) Carrier Name (Last, First, Middle) Address (From Vehicle Section) Carrier Name (Last, First, Middle) Address (From Vehicle Section) Carrier Saung Authority Code (Last) Address (Lity St. Zip (Lity) State Number (Last, First, Middle) Trailer Reg # (From Vehicle Section) Carrier Name (Last, First, Middle) Address (From Vehicle Section) Carrier Saung Authority Code (Lity) State Number (Last, First, Middle) Address (From Vehicle Section) Carrier Saung Authority Code (Lity) State Number (Last, First, Middle) Trailer Reg # (From Vehicle Section) Carrier Saung Authority Code (Lity) Address (Lity) State Number (Last, First, Middle) Address (From Vehicle Section) Carrier Issuing Authority Code (Lity) Address (From Vehicle Section) Carrier Issuing Authority Code (Lity) Address (From Vehicle Section) Carrier Issuing Authority Code (Lity) Address (From Vehicle Section) Carrier Issuing Authority Code (Lity) Address (From Vehicle Section)						☐ Off-Street Parking Lot
Crash Narrative: Newton South High School from 383 Langley rd. when a vehicle backing out of a nearby driveway bumped her, stated that she did not fall down, but did suffer an injury to her leg. She stated that the operator of twehicle stopped and checked and left her phone number. Ms. Seo went to Beth Israel Lahey urgent care the day for leg and shoulder pain. I contacted the operator Hanna Yoon and updated her. Witnesses: Name (Last, First, Middle) Address Phone # State Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Currier Name Currier Name Currier Name State Number Issuing State Issuing State Interstate Trailer Length Trailer Reg #: Reg Type Reg State Reg State Reg State Reg State Trailer Length Trailer Length Trailer Length Trailer Length Trailer Length Trailer Reg #: Reg Type Reg State Reg State Trailer Length Trailer Length		_				☐ Garage
Crash Narrative: Newton South High School from 383 Langley rd. when a vehicle backing out of a nearby driveway bumped her. stated that she did not fall down, but did suffer an injury to her leg. She stated that the operator of twehicle stopped and checked and left her phone number. Ms. Seo went to Beth Israel Lahey urgent care the day for leg and shoulder pain. I contacted the operator Hanna Yoon and updated her. Witnesses: Name (Last, First, Middle) Address Phone # State Number						☐ Mall/Shopping Center
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			_ 5			
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42	Placard 40 Material 1 digit #	41 Material Nam	e		Material 4 digit #	Release code 42
KELEIGH N DONAHUE NEWTON POLICE DEPARTA 10/26/2021 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date		Signature				