	Pol	ice Use Only		Commonwe	alth o	of Mass	achu	setts	\$		RMY	V Docun	nent Number	
	Date of Crash 10/26/2021	Time of Crash 18:17 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Latin	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI D
			RSECTION:		LOCA	_	>						CTION:	┪
						WEST	201	4	WAS	HINGTO	ON ST			╗
	Route# Direc	tion	Name of	Roadway/Street		Route# Directi		dress #		Na	me of F	Roadway/	Street	_
	At					Feet N S E W of or							_	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet NSEW of								_
			Also at Inter	rsection with				_	Rout	e# I	Intersec	ting Road	dway/Street	-
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
					Landmark									\neg
	▲ Vehicle1	#Occupants			e Number 2100000873								4	
	License # St MA DOB/Age					Reg # 3GGF29 Reg Type PAN Reg State MA								-
	Sex_F_ Lic.	Class D	Lic. Restriction	_ '		ear_2021	Vel					Veh Co	nfig. 1	ļ
	Operator CH	EN Last	JUAN First	Middle		YIN	st	YUEJU	First			Middle		-
	Address 202 EDGE HILL RD					202 EDGE H	ILL KD					MΔ	. 02067	- [
	City SHARO		St	ate_MA Zip_02067		SHARON	<i>c</i> :		21				Zip <u>02067</u> Circle Up to Thr	-
_	Insurance Com			N		e Action Prior to	o Crash 22 22	11		Damage 2	u Aica 3	Code. (C	4	
		Direction: N	S E W Res	oonding to Emergency? N		Sequence 2	23				\square	\overline{A}	10 Undercari	riage
	Citation # (If I	·	Violetion	2: Ch Sag		Harmful Event	2	24	24	1 -	9		5 11 Totaled	
	Violation 1: ChSecViolation 2: ChSec Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override Driver Contributing Code 1 27 8 0 6								
	Please fill out for operator and all occupants involved				Onden	inde/Override		26 27 Seat Safety		29 30 irbag Eject	31 Trap	32 Injury Tra	33 nsp.	\dashv
	Name (Last Fir	st Middle)	<u> </u>	Address See Above		Age/DOB			Status Sv	witch Code	Code	Status Co	de Medical Facil	ity
	- Sperator			566116616						0		10 1		
											-			
	Please Select (of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	ype 1	Action Action	Loca	ation	Con	ndition	17	X Hit	t/Run Mop	oed
	License#					Reg #Reg Type_UNKNOWN Reg State_XX								_
	Sex Lic. Class 99 18 18 Lic. Restrictions 9 CDL				Veh Year UNK Veh Make UNK Veh Config. 97									
	Operator UN	KNOWN Last	UNKNOWN	Endorsment	Owner	(Same as ope	rator)		First			Middle		_
	Address UNK					Address								
	CityStateZip_UNK					City State Zip								
	Insurance Company_UNKNOWN					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
						Event Sequence 2 22 22 22 22 2 3 4 10 Undercarriage								riage
	Citation # (If Issued)					Most Harmful Event 2 1 5 11 Totaled 5								
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99								
ı	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towed	1_N_		31] 32	33	_
	Name (Last Fi	irst Middle)	operator and all	Address		Age/DOB		26 Seat Safety Pos. System	Airbag A n Status S	29 30 Eject Switch Cod	Trap le Code	Injury I ra	nsp. ode Medical Faci	ility
	Operator/	Non-Motorist		See Above			-	99	99	99	99	10 1		

_	► Direction 1	Yehicle 1 2	₹Vehicle 2	₽Pedestrian								
Crash Diagram:	ie: 🕕 🛚 1	→ 2	<u>-</u>	₽Ŷ								
East Employee Garage at 2014 Washington Street Newton-Wellesley Hospital				OT TO SCA	If Crash Did Not on a Public Way: Off-Street Park Garage Mall/Shopping Other Private W Indicate North by	ng Lot Center						
Crash Narrative:												
Opr. of V1, Juan Chen stat	ed she came out	of work and	walked to he	er vehicle. <i>P</i>	At this time, she noti	ced a						
scratch on the left side of	of the vehicle.	Chen stated	she thought	the vehicle r	next to her could have	hit her						
vehicle, but did not have	proof.											
The uninvolved vehicle had	l some damage to	the left fr	ont. I made	contact with	the owner and spoke to	her. She						
told me the damage was old	l from another a	ccident and	if she hit t	he vehicle sh	ne would have left a no	te. Due						
to the damage being old and the garage not having any cameras, I could not prove who struck V1.												
V1 sustained minor damage. V1 was not towed and due to no one driving, there were no injuries. Chen requested												
a report for insurance.												
Witnesses:												
Name (Last, First, Middle)	Address			Phone # Statemer								
Property Damage:												
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property							
Two along al Door Informations												
Truck and Bus Information:	Registration #			ehicle Section)	Carrier Issuing Authority C	35						
Carrier Name												
Address						36						
US DOT #:		38	Issuing State	ICC #:	Interstate							
Cargo Body Type Code Gro	ss Vehicle Weight				39							
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length							
Hazmat Information:	<u> </u>					42						
Placard Material 1 digit i	# Material Na	nme		Material 4 digit	t# Release code	42						

32456

Signature

ID/Badge #

NEWTON POLICE DEPARTM

Department

10/26/2021

Date

Precinct/Barracks

DANIEL ANDERSON

Police Officer Name (Please Print)