

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/26/2022	Time of Crash 16:15 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
SOUTH CHESTNUT ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
WOODWARD ST										
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000184			
License # --- St MA DOB/Age ---			Reg # 8GN626		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2019		Veh Make CHEV		Veh Config. 1 20			
Operator ZHU YINGHUI			Owner (Same as operator)							
Address 21 JUSTINIAN WY (apt. A)			Address							
City BRIGHTON State MA Zip 02135			City		State		Zip			
Insurance Company VERMONT MUTUAL			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		Most Harmful Event 1 23		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		Driver Contributing Code 1 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		Underride/Override 25 Towed Y					
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		Age/DOB		Sex	
Operator			See Above		See Above		See Above		See Above	
WU, JINLI			21 JUSTINIAN WY (apt A)		BRIGHTON, MA 02135		F		3	
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	
License # --- St MA DOB/Age ---			Reg # 1SVZ43		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2000		Veh Make HOND		Veh Config. 1 20			
Operator MONTALVO SHAKIRA			Owner MONTALVO EDWIN							
Address 31 CUMMINS HWY			Address 6 (apt. 1) JAMES STREET							
City ROSLINDALE State MA Zip 02131			City TAUNTON State MA Zip 02780							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		Most Harmful Event 1 23		5 11 Totaled			
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Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		Underride/Override 25 Towed Y					
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		Age/DOB		Sex	
Operator/Non-Motorist			See Above		See Above		See Above		See Above	

→ Direction

ie: → 1 → 2 →

1 Vehicle 1

2 Vehicle 2

⊙ Pedestrian

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:

Vehicle 1 was headed southbound on Chestnut St and had begun to turn left onto Woodward St. Vehicle 2 was headed northbound on Chestnut St at a high rate of speed and was travelling too fast to yield to Vehicle 1. The front end of vehicle 2 collided with the front end of Vehicle 1. Both vehicles were disabled and towed from the scene by Tody's. The operator of Vehicle 2 was transported by ambulance to Brigham Women's Hospital with a large contusion to her forehead.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
FRIEDMAN , THOMAS,	50 VERNDAL RD NEWTON,MA 02461	-----	Y
ATAKHANOV , MAXIMILLION,	232 CHAPEL STREET NEWTON,MA	-----	Y

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