

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/21/2022	Time of Crash 07:00 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 101 CHARLEMONT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9				
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 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000335		
License # --- St MA DOB/Age ---			Reg # 1TZV55 Reg Type PAN Reg State MA			20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2020 Veh Make TOYOTA Veh Config. 1			20					
Operator ZHU ZHAOZHONG Last First Middle			Owner LIU CONGLIN Last First Middle			12					
Address 101 CHARLEMONT ST			Address 101 CHARLEMONT ST								
City NEWTON State MA Zip 02461			City NEWTON State MA Zip								
Insurance Company GEICO INSURANCE			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 10 22 22 22 22 2			3 4					
Citation # (If Issued)			Most Harmful Event 10 23			1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved			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			1 4 99 0 0 10 1			10		
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		
License # --- St MA DOB/Age ---			Reg # V65001 Reg Type CON Reg State MA			20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make CHEVROLET Veh Config. 2			20					
Operator DONLAN ERIC M Last First Middle			Owner DONLAN JAMES Last First Middle			12					
Address 133 CHARLEMONT ST			Address 133 CHARLMONT ST								
City NEWTON State MA Zip 02461			City NEWTON State MA Zip								
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 10 22 22 22 22 2			3 4					
Citation # (If Issued) T1447649			Most Harmful Event 10 23			1 9 10 Undercarriage					
Violation 1: Ch 90/9/B Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved			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			1 4 99 0 0 10 1			10		

