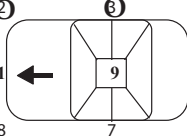
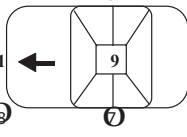


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/26/2022		Time of Crash 17:34 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9		
1	1	WEST BEACON ST											2	
		Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							10	
		NORTH CRESCENT AVE				Feet N S E W of _____ or _____ Mile Marker Exit Number								
		Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street							11	
2	1	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark							3	
3	1	<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000456						
		License # --- St XX DOB/Age ---				Reg # 2FRZ95 Reg Type PAN Reg State MA								
		Sex M Lic. Class 99 18 18		Lic. Restrictions 9 19 CDL _____		Veh Year 2019 Veh Make MERZ Veh Config. 1 20								
4	2	Operator ZHANG XUEJUN				Owner (Same as operator)								12
		Address 270 CENTRAL ST				Address _____								
		City AUBURNDALE State MA Zip 02466				City _____ State _____ Zip _____								
		Insurance Company GOVT EMPLOYEE INS.				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)				
5	2	Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22								13
		Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled				
6	1	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 1 24								
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y								
		Please fill out for operator and all occupants involved												
		Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility												
		Operator See Above ----- M 3 99 4 99 0 0 10 1												
		XIE, TONGYU 270 CENTRAL ST NEWTON, MA 02465 --- M 3 99 4 99 0 0 10 1												
		ZHENG, DYLAN 270 CENTRAL ST AUBURNDALE, MA 02466 --- M 4 99 4 99 0 0 10 1												
7	2	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # 5YWZ80 Reg Type PAN Reg State MA								
		Sex M Lic. Class D 18 18		Lic. Restrictions B 19 CDL _____		Veh Year 2016 Veh Make TOYT Veh Config. 1 20								
		Operator HOMAN KRISTOFF				Owner (Same as operator)								
		Address 75 SUMMIT ST				Address _____								
		City NEWTON State MA Zip 02458				City _____ State _____ Zip _____								
		Insurance Company LM GENERAL INS.				Vehicle Action Prior to Crash 6 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								13
		Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled				
		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 99 24								
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y								
		Please fill out for operator and all occupants involved												
		Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility												
		Operator/Non-Motorist See Above ----- F 4 4 4 99 0 0 10 1												
		HOMAN, JOSEPHINE 75 SUMMIT ST NEWTON, MA 02458 --- F 4 4 4 99 0 0 10 1												
		HOMAN, AUGUST 75 SUMMIT ST NEWTON, MA 02458 --- M 6 4 4 99 0 0 10 1												

