

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/14/2022		Time of Crash 13:55 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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	
NORTH ELM ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
EAST WEBSTER ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						1			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000523							
License # --- St MA DOB/Age ---				Reg # S24067 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015 Veh Make FORD Veh Config. 2 20								12	
Operator ZOU MINGZONG				Owner (Same as operator)								1	
Address 37 UPHAM ST				Address _____									
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____									
Insurance Company PILGRIM				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 3 22 22 22 22				10 Undercarriage					
Citation # (If Issued) N/A				Most Harmful Event 3 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address		Age/DOB		Sex		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	
Operator				See Above		-----		---		99 4 99 0 0 10 1		N/A	
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 2 15 Location 1 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____									
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator BROWN TERESA MARY				Owner _____									
Address 20 THORNELL ROAD				Address _____									
City NEWTON State NH Zip 03858				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22				10 Undercarriage					
Citation # (If Issued) N/A				Most Harmful Event 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address		Age/DOB		Sex		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	
Operator/Non-Motorist				See Above		-----		---		8 1		N/A	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Webster Street

Unit 1

Unit 2

Elm Street

NOT TO SCALE

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:

On Tuesday, June 14, 2022, while assigned to West Newton Square, I met a party in the lobby of Newton PD HQ reporting a past mva/pedestrian crash. Ms. Teresa Brown stated approximately an hour before speaking with me (12:30 p.m.), she was running on Webster Street (E) when she approached the Elm Street intersection. Ms. Brown stated she observed a black pick up truck to her right across the street and made a motion to him as she approached the intersection that she was going to continue running straight across Webster Street. Ms. Brown stated as she entered the marked crosswalk while running across the intersection, the pick up truck continued through the intersection and struck her. Ms. Brown stated she fell to the roadway and suffered a minor injury to her right arm. Ms. Brown stated the operator stopped to check on her, and she took a picture of his license. Ms. Brown stated she then continued running from the crash scene and

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Crash Narrative:

ran to her daughter's house in Waltham.

Ms. Brown stated the reason she did not contact the Newton Polcie Department when the crash occurred was because she was in shock. Ms. Brown stated she was told after she got to her daughter's house it would be a good idea to report it now. Ms. Brown provided me with license information for the driver. Ms. Brown stated the only real injury she suffered was a cut on her right elbow. Ms. Brown was advised if she is involved in a future crash with injury to contact the police department of the town the crash occurs in so we can assist in rendering aide, and investigate the crash on scene.

I contacted the operator of the vehicle involved, Mr. Mingzong Zou. Mr. Zou stated he was operating his 2015 Ford F-150 (MA CON: S24067) on Elm Street (N). Mr. Zou stated he came to a stop at the

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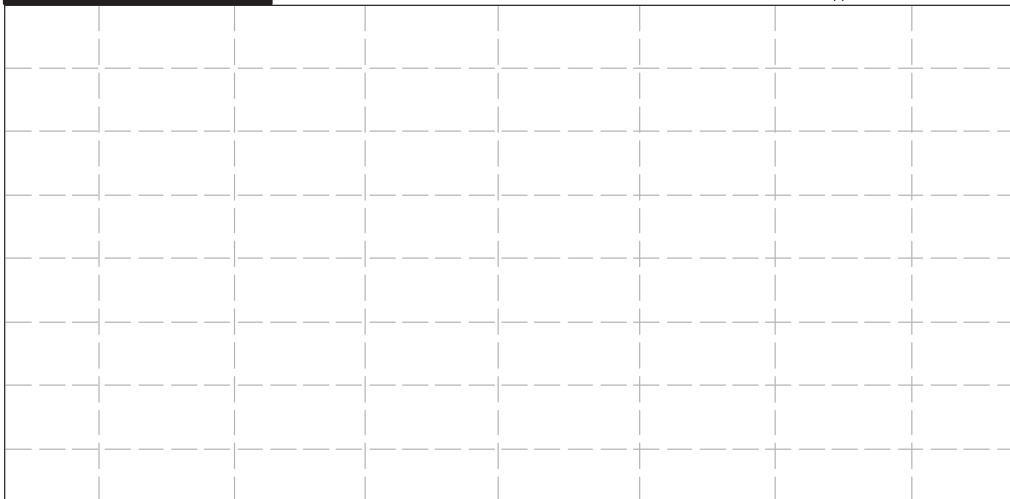
Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

MICHAEL R GAUDET			NEWTON POLICE DEPARTA		06/14/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

→ Direction ☐ 1 Vehicle 1 ☐ 2 Vehicle 2  Pedestrian

Crash Diagram:

ie: → ☐ 1 → ☐ 2 → 



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:

Webster Street stop sign. Mr. Zou stated he proceeded through the intersection after he stopped and saw Ms. Brown in the roadway in front of him. Mr. Zou stated the front of his vehicle crashed into Ms. Brown. Mr. Zou stated Ms. Brown told him she was "ok" after the crash and he offered her his information. Mr. Zou stated Ms. Brown took a picture of his license and ran away from the area.

Due to the crash being reported some time after it occurred and not being present on scene to witness the scene, I am unable to cite the operator of MV1.

Elm Street and Webster Street are both public ways maintained by the City of Newton.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

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Cargo Body Type Code Gross Vehicle Weight

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Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MICHAEL R GAUDET

NEWTON POLICE DEPART

06/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date