

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/11/2019	Time of Crash 22:14 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 1255 CENTRE ST		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____		_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____					11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____		_____ Feet N S E W of _____ Landmark _____					4	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000046				3
License # _____ St MA DOB/Age _____			Reg # 6950VJ		Reg Type PAN		Reg State MA			12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make JEEP		Veh Config. 2 20			1	
Operator REISSFELDER SHEILDA Last First Middle			Owner (Same as operator)		Last First Middle						
Address 86 HILLSIDE RD			Address _____								
City DEDHAM State MA Zip 02026			City _____ State _____ Zip _____								
Insurance Company GEICO			Vehicle Action Prior to Crash 5 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 23		10 Undercarriage 11 Totaled				
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 19 24 24		Underride/Override 25 Towed Y				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13	
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			-----		1 4		4 0		0 5 1		
REISSFELDER, PETER 86 HILDALE RD DEDHAM, MA 02026			----- M 3		1 4		4 0		0 5 1		
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 XX DOB/Age _____			Reg # 443NT1		Reg Type PAN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013		Veh Make ACURA		Veh Config. 2 20				
Operator AVALOS GUERRO MICHELLE Last First Middle			Owner HOCHERMAN ALEXANDER D Last First Middle								
Address 111 CREST RD			Address 111 CREST RD								
City WELLSLEY State MA Zip 02482			City WELLSLEY State MA Zip 02482								
Insurance Company PURE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 23		10 Undercarriage 11 Totaled				
Citation # (If Issued) T1440709			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y				
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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			-----		1 4		4 0		0 5 1		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

1255 CENTRE ST

CENTRE ST

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:**

MV1 was travelling SB on Centre St when they attempted to switch lanes and struck MV2. MV2 was travelling SB on Centre St in the right lane when she was struck by MV1. No injuries. MV1 towed by AAA due to being disabled with minor rear end damage. MV2 sustained minor front end damage and was towed due to the operator being unlicensed. Operator 2 had a international driving permit that expired on 6/12/18.

**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