

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/24/2019	Time of Crash 16:46 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	
WEST COMMONWEALTH AVE										2	
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							10	
SOUTH LEXINGTON ST			____ Feet N S E W of ____ • ____ or ____ Mile Marker Exit Number							2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			____ Feet N S E W of ____ Route# Intersecting Roadway/Street							11	
Route# Direction Name of Intersecting Roadway/Street			____ Feet N S E W of ____ Landmark							4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000104				
License # --- St MA DOB/Age -- --			Reg # 5LES70		Reg Type PAN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010		Veh Make CADI		Veh Config. 1 20				
Operator STANTON SHIKENA J			Owner (Same as operator)							12	
Address 78 CHARLES RIVER RD (apt. B)			Address _____							1	
City WALTHAM State MA Zip 02453			City _____ State _____ Zip _____								
Insurance Company ARBELLA MUTUAL INS			Vehicle Action Prior to Crash 3 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 3 4		10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23		1 24 24		5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		Underride/Override 25 Towed N						
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		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			1	
Operator See Above			-----		99 4 99 0 0 5 1						
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 2 #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 # 43542		Reg Type SPN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013		Veh Make FORD		Veh Config. 2 20				
Operator MONTALVO ANNETTE			Owner (Same as operator)								
Address 38 HAMMOND ST (apt. 1)			Address _____								
City WALTHAM State MA Zip 02451			City _____ State _____ Zip _____								
Insurance Company NATIONAL INTERSTAT			Vehicle Action Prior to Crash 3 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 3 4		10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23		20 24 18 24		5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 20 24 18 24		Underride/Override 25 Towed N						
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		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			-----		99 4 99 0 0 5 1						
BERBECO, DOROTHY			26 BULLARD RD WESTON, MA		F 3 99 4 99 0 0 5 1						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian
ie: → 1 → 2 →

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:

OPMV#1 Was traveling Southbound on Lexington St in the right turn only lane about to enter Commonwealth Ave traveling Westbound when she was struck by the OPMV#2.

OPMV#1 Stated she was making a right turn onto Commonwealth Ave and the OPMV#2 started entering her lane with no signal and struck the left side of her vehicle.

OPMV#2 Was traveling Southbound on Lexington St entering the right turn only lane when she struck the OPMV#1.

OPMV#2 Stated she was entering the turn lane to make a right turn onto Commonwealth Ave and didn't notice there was a car already in the lane. OPMV#2 Stated she felt distracted due to the heavy rain and lights at the intersection.

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 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