

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/06/2019		Time of Crash 09:10 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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		
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At WEST BOYLSTON ST ON RAMP Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2	10	
1				3								2	1	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000241					11	2
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator ZACEK JUDITH C Address 621 WATERTOWN ST (apt. 18) City NEWTON State MA Zip 02460 Insurance Company STATE FARM MUTUAL Vehicle Travel Direction: N S E X Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 39WT23 Reg Type PAN Reg State MA Veh Year 2004 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled								12	1	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13	1	
Operator See Above														
7				4								13	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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator ADELSON JENNIFER Address 83 OAK HILL ST City NEWTON State MA Zip 02459 Insurance Company SAFCO Vehicle Travel Direction: N S E X Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # RS64RD Reg Type PAS Reg State MA Veh Year 2013 Veh Make BMW Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled										
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Operator/Non-Motorist See Above														
ADELSON, MICAH 83 OAK HILL ST NEWTON, MA 02459				M 4 4 4 4 0 0 4 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

The operator of MV#1 stated she was travelling southbound on Centre St and made a right turn onto the on ramp of Boylston St westbound when MV#2 cut her off making contact with her front bumper. MV#1 sustained minor non visible damages to its front center bumper. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated she was travelling northbound on Centre St and made a left turn onto the Boylston St on ramp westbound when MV#1 struck her from behind. The operator of MV#2 stated she then pulled over to the side of the road to exchange information when MV#1 struck her a second time from behind. MV#2 sustained minor damages to its rear right side bumper. There were no reported injuries to the operator of MV#2. The rear passenger of MV#2 was evaluated by Newton Paramedics and the operator of MV#2 signed a refusal

(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 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

[illegible]

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

GITA K SETIABUDI		25111	NEWTON POLICE DEPTA		03/06/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					