

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/19/2019		Time of Crash 16:09 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	
LEWIS ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
NEWTONVILLE AVE						Feet N S E W of _____ 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	
Route# Direction Name of Intersecting Roadway/Street						Landmark _____						3	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000299							
License # --- St MA DOB/Age ---				Reg # 8WB398 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2017 Veh Make SUBA Veh Config. 2 20									
Operator PREDINA MEGAN				Owner (Same as operator)								12	
Address 22 HOLLAND ST				Address _____									
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____									
Insurance Company GOVT EMPLOYEE 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? _____				Event Sequence 1 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 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		-----		---		1 4 4 0 0 5 1		NONE	
PREDINA, JONI				22 HOLLAND ST NEWTON, MA		-- --		F 5 4 4 4 0 0 5 1				NONE	
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 MA DOB/Age ---				Reg # 99BS49 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2010 Veh Make MAZD Veh Config. 1 20									
Operator SICHEL GABRIELLE H				Owner (Same as operator)									
Address 100 LANDSDOWNE ST (apt. #1006)				Address _____									
City CAMBRIDGE State MA Zip 02139				City _____ State _____ Zip _____									
Insurance Company GEICO GENERAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 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/Non-Motorist				See Above		-----		---		1 4 4 0 0 5 1		NONE	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NEWTONVILLE AVE

VEH 2

VEH 1

LEWIS ST

← N →

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 3/19/19 I was working N504 when I responded to Lewis St. at Newtonville ave for a report of a two car accident with a child on board. Upon arrival I met with Gabrielle Sichel ( the operator of VEH 2) and Megan Predina ( the operator of VEH 1) along with her daughter who was also in the vehicle Joni Predina. The medics responded for an evaluation as a precaution even though all parties stated they did not need medical attention.

I spoke with Predina first who stated she was traveling northbound on Lewis St. when she entered the intersection of Newtonville ave she collided with VEH 2. Predina stated she did not see VEH 2 coming.

I spoke with Gabrielle Sichel who stated she was traveling eastbound on Newtonville Ave when VEH 1 exited northbound from Lewis St. colliding with her.

(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

**BRIAN F CONLEY**      NEWTON POLICE DEPT      03/19/2019

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

