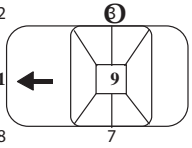
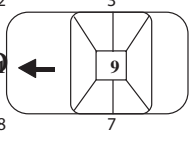


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/18/2019		Time of Crash 08:10 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
RTE 128												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
WASHINGTON ST						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 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000386							
License # --- St MA DOB/Age ---				Reg # 85CD87 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2001 Veh Make LEXUS Veh Config. 2 20									
Operator ROSENHAUS JOEL				Owner ROSENHAUS NANCY								12	
Address 94 WOODRIDGE RD				Address 94 WOODRIDGE RD									
City WAYLAND State MA Zip 01778				City WAYLAND State MA Zip 01778									
Insurance Company COMMERCE INSURANCE				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								13	
Citation # (If Issued) _____				Most Harmful Event 1 23									
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													
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 99 0 0 10 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 MA DOB/Age ---				Reg # 6KE742 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011 Veh Make VOLKSWAGON Veh Config. 1 20									
Operator HAYES ASHLEY				Owner (Same as operator)									
Address 585 POPONESSET RD				Address _____									
City COTUIT State MA Zip 02635				City _____ State _____ Zip _____									
Insurance Company GOV'T EMPLOYEE INS				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2								13	
Citation # (If Issued) _____				Most Harmful Event 1 23									
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													
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 99 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WASHINGTON STREET WB  
WASHINGTON STREET EB  
Unit 1  
Unit 2  
RT 95 EXIT RAMP  
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:**

Operator of MV1 (ma reg 85CD87) stated he was traveling EB on Washington Street in the left lane when he was struck from a motor vehicle attempting to turn onto the WB side of Washington Street. Operator of MV1 stated he was traveling straight on Washington Street when a motor vehicle attempted to cross over Washington Street from the RT 95 exit ramp. MV1 was struck on the passenger's side door.

Operator of MV2 stated she was stopped on the exit ramp of RT 95 and Washington Street attempting to turn left onto Washington Street. Operator of MV2 stated the first lane of traffic on the EB side of Washington Street was stopped when she edged out. Operator of MV2 stated she thought the other lane was clear when she attempted to turn left onto Washington Street. Operator of MV2 stated that as she started to enter into the second lane MV1 was approaching and her front bumper struck his passenger side door.

(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

♀ Pedestrian

[illegible]

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

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

Material Name\_\_\_\_\_ Material 4 digit #\_\_\_\_\_ Release code\_\_\_\_\_

CDP1 11 -24:00