

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/30/2019	Time of Crash 19:58 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 30 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:					
BOYLSTON ST								9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					10		
At			Feet N S E W of _____ or _____							
ELLIS ST			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					11		
Also at Intersection with			Route# Intersecting Roadway/Street					3		
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000438			
License # --- St MA DOB/Age ---			Reg # 8DNP40		Reg Type PAS		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2017		Veh Make TOYT		Veh Config. 2 20			
Operator SLIFKA KAREN			Owner (Same as operator)				12			
Address 41 BUTTS ST.			Address _____							
City NEWTON State MA Zip 02464			City _____ State _____ Zip _____							
Insurance Company COMMERCE			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		Event Sequence 1 22 22 22 22		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		Most Harmful Event 1 23		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		Driver Contributing Code 1 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		Underride/Override 25 Towed Y					
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			-----		---		1 4 4 0 0 9 2		NWH	
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 # 2NW116		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2011		Veh Make MERZ		Veh Config. 1 20			
Operator HERRERA ASHLEY			Owner (Same as operator)							
Address 2 HANCOCK ST (apt. 225)			Address _____							
City QUINCY State MA Zip 02171			City _____ State _____ Zip _____							
Insurance Company ESURANCE INSURANCE			Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Event Sequence 1 22 1 22 22 1 22		Event Sequence 1 22 1 22 22 1 22		10 Undercarriage			
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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/Non-Motorist See Above			-----		---		1 4 4 0 0 10 1		NONE	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

BOYLSTON ST OFF RAMP

ELLIS 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:**

On 4/30/19 I was working N497 when I responded to Boylston St. at Ellis St. for a report of a two car accident with minor injuries. Upon arrival I spoke with Ashley Herrera first the driver of Veh 2. Herrera stated she was traveling eastbound on the Boylston St. off ramp when she collided with Veh 2. Herrera stated she believed she had stopped at the stop sign. Herrera declined medical attention.

I then spoke with the operator of Veh 1 Karen Slifka who stated she was traveling southbound on Ellis St. when Veh 2 drove through the stop sign at Ellis St. striking her vehicle. Slifka stated she had shoulder and side pain and was transported by Newton Medics. Both Cars were towed by Tody's. All parties were satisfied and provided with accident report numbers.

**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**    **04/30/2019**

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

CDP1 11 -24-00