

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/01/2019	Time of Crash 19:18 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	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:							
EAST BEACON ST Route# Direction Name of Roadway/Street At SOUTH CHESTNUT ST 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 _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000441					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator JACOBI MARGARET A Address 71 AVALON RD City NEWTON State MA Zip 02468 Insurance Company USAA CASUALTY			Reg # 998TD9 Reg Type PAN Reg State MA Veh Year 2015 Veh Make VOLVO 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 4 22 22 22 22 2 Most Harmful Event 4 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N									
Vehicle Travel Direction: N X E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			 10 Undercarriage 11 Totaled									
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									
Operator See Above			1 4 4 0 0 10 1									
SPITZ, ADELE 71 AVALON RD NEWTON, MA 02468			F 3 1 4 4 0 0 10 1									
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 2 14		Action 1 15		Location 2 16		Condition 1 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St --- DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator SOLTAN DANIEL Address 2039 COMMONWEALTH AVE (apt. 2) City BRIGHTON State MA Zip 02135 Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____									
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Operator/Non-Motorist See Above			9 1									

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

Several pictures were taken of the damaged bicycle. No new damage seen on MV#1 to determine impact location.

[illegible]

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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

Placard	40
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Material 1 digit #

Material Name

Material 4 digit #

Release code

42

RAYMOND H CHIEU

NEWTON POLICE DEPARTMENT

05/01/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____