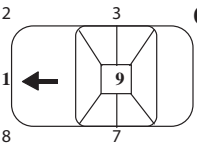
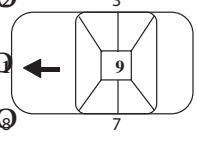


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/10/2019	Time of Crash 15:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:					
PLYMOUTH RD										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							
WEST WOODWARD ST			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000479	
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>841GR2</u> Reg Type <u>PAN</u> Reg State <u>MA</u>							
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2013</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u>							
Operator <u>GOLDENSHER MARCIA</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle							
Address <u>10 LEIGHTON ROAD</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02466</u>			City _____ State _____ Zip _____							
Insurance Company <u>AMICA MUTUAL</u>			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
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 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # <u>535RM9</u> Reg Type <u>PAN</u> Reg State <u>MA</u>							
Sex <u>F</u> Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year <u>2010</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>20</u>							
Operator <u>LOPEZ NIDIA</u> Last First Middle			Owner <u>RAMIREZBETANCO GUILLERMO</u> Last First Middle							
Address <u>55 POND ST (apt. B)</u>			Address <u>104 COLUMBUS AVE</u>							
City <u>WALTHAM</u> State <u>MA</u> Zip <u>02451</u>			City <u>WALTHAM</u> State <u>MA</u> Zip <u>02451</u>							
Insurance Company <u>ARBELLA MUTUAL</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>							
Citation # (If Issued) <u>T1444158</u>			Most Harmful Event <u>1</u> <u>23</u>			10 Undercarriage				
Violation 1: Ch <u>90/10/A</u> Sec _____ Violation 2: Ch <u>003</u> Sec _____			Driver Contributing Code <u>5</u> <u>24</u> <u>24</u>			11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
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:

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 states she was driving westbound on Woodward St. MV1 stopped for a pedestrian in the crosswalk at Plymouth Rd. MV2 was traveling directly behind MV1 and did not stop in time. MV2 collided with the rear of MV1.

Operator of MV2 states MV1 stopped quickly, and she was unable to stop behind her, causing the collision. Neither party was injured. Both vehicles were towed by Todys.

Operator of MV2 admitted she did not have a license. She was issued MA citation T1444158, for 90/10 unlicensed operation, and city ordinance 19/71, following too closely.

(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

Release code 42

CDP1 11 -24:00