

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/05/2019		Time of Crash 10:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 4	Speed Limit 10 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH TIGER DR		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____						10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				5 FEET Feet [N][X][E][W] of _____		WALNUT ST Route# _____ Intersecting Roadway/Street _____						11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet [N][S][E][W] of _____		Landmark _____						2	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000578						3	
License # _____ St FL DOB/Age _____				Reg # 2BAL41 Reg Type PAN Reg State MA				Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20				12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20				Operator PROSEN MAUREEN Last First Middle				1	
Address 400 WINTER LANE				Owner (Same as operator) Last First Middle				City PALM BEACH GARDENS State FL Zip 33410				5	
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)				6	
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				Most Harmful Event 1 23				13	
Citation # (If Issued) _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed Y				1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Please fill out for operator and all occupants involved					
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				KIFLE, ARSEMA 4 ARBOR RD NEWTON, MA 02465					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 5AMJ10 Reg Type PAN Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012 Veh Make AUDI Veh Config. 1 20				Operator RAY-CANADA KYLE Last First Middle					
Address 152 PEARL ST (apt. 2)				Owner RAY-CANADA BRIDGET Last First Middle				City NEWTON State MA Zip 02458					
Insurance Company GENERAL				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 2				Most Harmful Event 1 23					
Citation # (If Issued) _____				Driver Contributing Code 19 24 24				Underride/Override 25 Towed Y					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Please fill out for operator and all occupants involved					
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/Non-Motorist See Above				SALES, STEVEN 73 CLINTON ST NEWTON, MA 02460					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

WALNUT ST

TIGER DRIVE

Unit 1

Unit 2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

ON 6-5-19 AT APPROX. 1035HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT TIGER DRIVE I SPOKE TO THE OPERATOR OF VEHICLE #1. SHE STATES SHE WAS WORKING AS A UBER DRIVER AND GIVING A RIDE TO PASSENGER (ARSEMA KIFLE). SHE STATES SHE PULLED TO THE RIGHT AND PARKED HER VEHICLE TO LET HER PASSENGER EXIT. BEFORE HER PASSENGER COULD GET OUT SHE WAS HIT IN THE REAR BY VEHICLE #2 AND PUSHED FORWARD INTO THE EVERSOURCE TELEPHONE POLE ON THE SIDEWALK. OPERATOR OF VEHICLE #2 STATES HE WAS TRAVELING S-BOUND ON WALNUT BEHIND VEHICLE #1. HE STATES VEHICLE #1 STOPPED ABRUPTLY AND HE WAS UNABLE TO AVOID HITTING HER. VEHICLE #1 HAD EXTENSIVE REAR AND FRONT END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2 HAD EXTENSIVE FRONT END DAMAGE AND MULTIPLE AIR BAG DEPLOYMENT AND WAS ALSO TOWED BY TODYS. OPERATOR OF VEHICLE #1 WAS TRANSPORTED TO NEWTON WELLESLEY HOSPITAL FOR POSSIBLE WRIST INJURY. PASSENGER WAS ALSO TRANSPORTED TO CHECK

(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
	100 CALVARY ST WALTHAM, MASSACHUSETTS		4	TELEPHONE POLE

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

THOMAS P WALSH NEWTON POLICE DEPT 06/05/2019

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

CDP1 11 -24:00

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

Crash Diagram:

ie:

1

Vehicle 1

2

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:

FOR POSSIBLE INJURIES. OPERATOR AND PASSENGER OF VEHICLE #2 WERE EXAMINED BY MEDICS AND BOTH REFUSED MEDICAL TREATMENT. BOTH OCCUPANTS OF VEHICLE #2 HAD CUTS ON LEGS AND WRISTS ASSOCIATED WITH AIRBAG DEPLOYMENT. THEY WERE ESCORTED TO SCHOOL BY NEWTON NORTH STAFF TO BE EVALUATED BY THE SCHOOL NURSE. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS P WALSH

NEWTON POLICE DEPARTMENT

06/05/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____