

Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

Police Use Only			RMV Document Number				
Date of Crash 06/19/2019	Time of Crash 17:34 24HR	City/Town NEWTON	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:		
<div><div><div>SOUTH</div><div>BOYLSTON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>ELLIS ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet <div>N S E W</div> of _____ • _____ or _____</div><div>Mile Marker Exit Number</div><div>Feet <div>N S E W</div> of _____</div><div>Route# Intersecting Roadway/Street</div><div>Feet <div>N S E W</div> of _____</div><div>Landmark</div></div>				
<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		
Case Number			190000632				
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>3DDA50</u> Reg Type <u>PAN</u> Reg State <u>MA</u>				
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2018</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>20</u>				
Operator <u>ABRECHT</u> <u>MICHELE</u>			Owner <u>(Same as operator)</u>				
Address <u>419 WELLESLEY ST</u>			Address _____				
City <u>WESTON</u> State <u>MA</u> Zip <u>02493</u>			City _____ State _____ Zip _____				
Insurance Company <u>USAA</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <u>N</u> <input checked="" type="checkbox"/> <u>E</u> <u>W</u> Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>				
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>				
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator See Above							
ABRECHT, CHRISTIAN 419 WELLESLEY ST WESTIN, MA							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>3</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 <u>MA</u> DOB/Age _____			Reg # <u>772FB6</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>1</u> <u>19</u> CDL _____			Veh Year <u>2017</u> Veh Make <u>HONDA</u> Veh Config. <u>20</u>				
Operator <u>FLESCHER</u> <u>JENNIFER</u>			Owner <u>(Same as operator)</u>				
Address <u>49 EVERGREEN AVE</u>			Address _____				
City <u>NEWTON</u> State <u>MA</u> Zip <u>02466</u>			City _____ State _____ Zip _____				
Insurance Company <u>SAFTEY INS</u>			Vehicle Action Prior to Crash <u>6</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <u>N</u> <u>S</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>				
Citation # (If Issued) <u>T1271432</u>			Most Harmful Event <u>1</u> <u>23</u>				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>4</u> <u>24</u> <u>3</u> <u>24</u>				
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator/Non-Motorist See Above							
MAUN, SUSAN 49 EVERGREEN AVE NEWTON, MA 02466							
MAUN, CHRISTOPHER 49 EVERGREEN AVE NEWTON, MA 02466							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

ELLIS ST

VEH 2

VEH 1

DN

P.O.I.

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 6/19/19 I was working N498 when I responded to Ellis St. at Boylston St. for a 2 car accident. Upon arrival I spoke with Jennifer Flescher (the operator of Veh 2) and Michele Abrecht (the operator of Veh 1). Flescher stated she was traveling Eastbound on Boylston St. entering the travel lane of Ellis St. when she struck Veh 1. Abrecht stated she was traveling southbound on Ellis St. when she was stuck by Veh 2. No injuries were reported. Both vehicles were towed from the scene by Tody's. All parties were advised. Ma uniform Citation T1271432 was issued to Flescher for City Ordinance disobey signals for the stop sign.

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