

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/01/2019	Time of Crash 07:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 20 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:				
Route# Direction Name of Roadway/Street At			NORTH 140 VINE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number			2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N X E W of LAGRANGE ST Route# Intersecting Roadway/Street			2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark			1 11				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000675	
License # --- St MA DOB/Age ---			Reg # 5AX136 Reg Type PAN Reg State MA			7 12				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 16 Veh Make MERZ Veh Config. 1 20							
Operator BOMBERG ELEANOR GRACE Last First Middle			Owner BOMBERG PATRICK Last First Middle							
Address 134 STRATFORD ST			Address 134 STRATFORD ST							
City BOSTON State MA Zip 02132			City BOSTON State MA Zip 02132							
Insurance Company BANKERS STANDARD			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Event Sequence 21 22 22 22 22 2 3 4			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 21 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13 21				
Name (Last First Middle) Address Age/DOB Sex			Operator See Above --- --- 1 1 1 0 2 8 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # Reg Type Reg State							
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year Veh Make Veh Config. 20							
Operator Last First Middle			Owner Last First Middle							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22 2 3 4			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed							
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code							
Name (Last First Middle) Address Age/DOB Sex			Operator/Non-Motorist See Above --- ---							

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Vine St

140 Vine St

Lagrange St

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 Monday, July 1st 2019 at 0740 hours, I responded to a single car Motor Vehicle Accident outside the area of 140 Vine St. The vehicle was a 2016 Black Merz Mass Reg # 5AX136 being operated by 17 year old Eleanor Grace Bomberg. The vehicle was headed north on Vine St when it veered off the side of the road and collided with a city tree outside of 140 Vine St. The vehicle flipped over and landed in the middle of the street. The vehicle suffered extensive damage to the front end and right side. The operator suffered minor injuries to her arm. Eleanor's father, Patrick Bomberg, signed the patient refusal. Todys's towed the vehicle. Pictures were taken and submitted to the IT Bureau.

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

NICHOLAS JAMES GAMBLE NEWTON POLICE DEPART 07/01/2019

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

CDP1 11 -24-00