

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/02/2019	Time of Crash 17:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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:					
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At EAST PLEASANT 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 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000682			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GALLETTA MEGAN E Address 43 FALKLAND ST (apt. 2) City BOSTON State MA Zip 02135 Insurance Company PLYMOUTH ROCK			Reg # 8XSD80 Reg Type PAN Reg State MA Veh Year 2018 Veh Make JEEP Veh Config. 2 20 Owner UNIVERSAL LEASIN VEHICLE ASSET Address 9401 (apt. 140) JAMES AVE SO. City BLOOMINGTON State MN Zip 55431 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			13							
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 --- --- 99 4 99 0 0 10 1							
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 CA DOB/Age --- Sex F Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____ Operator STROIMAN AMANDA R Address UNK PO BOX 3328 City RCHO SANTA FE State CA Zip 92067 Insurance Company GEICO			Reg # PAS Reg Type 7ADM162 Reg State CA Veh Year 2013 Veh Make VOLKSWAGON Veh Config. 1 20 Owner MILLBERGER STANFORD Address 2822 LUCIERNAGA ST City CARLSBAD State CA Zip 92009 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 18 24 24 5 11 Totaled Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			13							
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 --- --- 99 4 99 0 0 10 1							
GLANVILLE, LILA			34 HANCOCK AVE NEWTON, MA 02459							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Centre St

Pleasant St

MV#1

MV#2

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:

MV#1 was traveling south on Centre St in the left hand lane. MV#2 was attempting to turn left onto the north side of Centre St from Pleasant St.

Operator of MV#1 stated that as she was traveling south, a car pulled out from Pleasant St. Operator of MV#1 stated that there was a large truck in the right lane blocking her view, and she did not see MV#2 pull onto Centre St. MV#1 crashed into MV#2.

Operator of MV#2 stated that a truck had stopped in the right lane of Centre St, allowing her to take a left off of Pleasant St. Operator of MV#2 stated that as she was attempting to turn left onto Centre St a MV#1 was in the left lane and crashed into her.

Both vehicles were driven off scene.

(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

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

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

One passenger of MV#2 stubbed her toe during the crash, and was cleared with a patient refusal.

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

Material 1 digit #

Material Name_____

Material 4 digit #

Release code

42

JOHN D BERGDORF

NEWTON POLICE DEPARTMENT

07/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____