

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 07/12/2019	Time of Crash 11:36 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:						
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
EAST ELLIOT ST Route# Direction Name of Roadway/Street At NORTH OAK 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 Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000715			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator SCHIFFER FREDRIC Address 72 SHERIDAN RD City WELLESLEY State MA Zip 02481 Insurance Company GEICO			Reg # 522BN4 Reg Type PAN Reg State MA Veh Year 2009 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) 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									
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #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 --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator RICHTER MAY E Address 6 HURLEY CIRCLE City MARLBOROUGH State MA Zip 01752 Insurance Company CITIZENS			Reg # H9147 Reg Type PAN Reg State MA Veh Year 2005 Veh Make MERCURY Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 3 24 24 Underride/Override 25 Towed N Citation # (If Issued) T1444918 Violation 1: Ch 89/9 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									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

Elliot St

Oak St

Unit 1

Unit 2

← N →

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 07/12/19 at 11:36 hours, I responded to Elliot and Oak Streets for a two car motor vehicle accident with no reported injuries. That intersection has a three way stop sign for all travel lanes.

Operator of MV1 states he was traveling eastbound on Elliot Street and stopped for the stop sign at Elliot and Oak Streets. After, he proceeded straight through the intersection and was struck by MV2 on his passenger side rear wheel area. He states that MV2 never stopped for their stop sign and was coming through the intersection from Oak Street. I observed passenger side rear wheel and bumper damage to this vehicle but it was still driveable.

Operator of MV2 states that she could not recall exactly what occurred but that she stopped for the stop sign. She could not provide which way she was traveling only stating that she was attempting to turn around

(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:

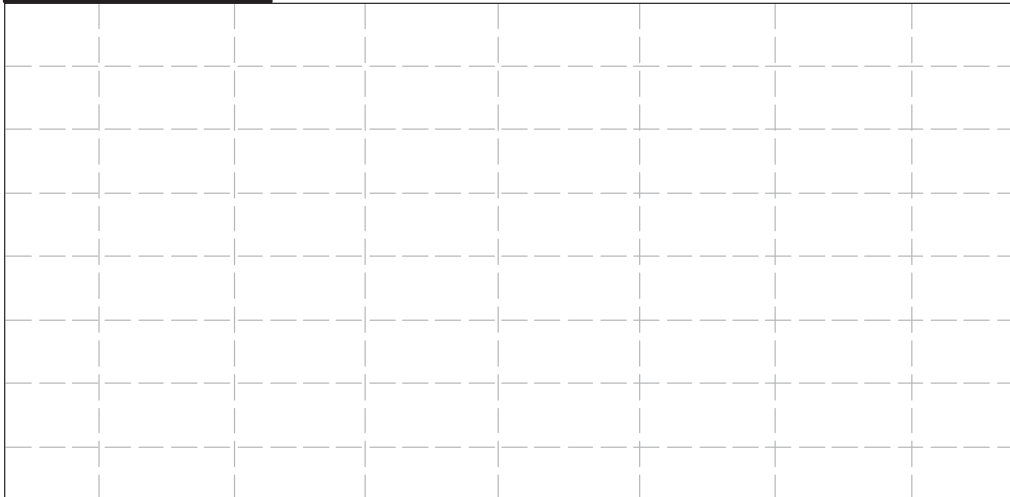
Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

JEREMY L WILSON	25227	NEWTON POLICE DEPART	07/12/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

→ 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:

and pull over to right side of the road to park. I observed damage to the driver's side front bumper area but the vehicle was still driveable.

Based on the debris in the road and damage to the vehicles, it appears that MV2 never stopped for the stop sign on Oak Street (NB) as the other operator was proceeding through. MV2 then angled the vehicle to the right in order to pull over and park on the other side of the road. While doing so, she struck MV1. The operator was issued MA Uniform Citation # T1444918 for a Stop Sign Violation.

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 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

07/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date