

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/23/2019		Time of Crash 20:42 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:							
Route# Direction Name of Roadway/Street At NORTH CENTRE ST				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with EAST PLEASANT ST				Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark _____									
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 # Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001087					
License # --- St MA DOB/Age ---				Reg # 9KT873 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2004 Veh Make TOYOTA Veh Config. 1 20									
Operator RUBENS ELISE Last First Middle				Owner (Same as operator) Last First Middle									
Address 36 JEWETT ST				Address _____									
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____									
Insurance Company ARBELLA				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 3 22 22 22 22 2				10 Undercarriage					
Citation # (If Issued) T2079786				Most Harmful Event 3 23				5 11 Totaled					
Violation 1: Ch 89/11 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 18 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved													
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				-----				1 4 99 0 0 10 1 NONE					
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants				<input checked="" type="checkbox"/> Non-Motorist A Type 1 14		Action 1 15		Location 1 16		Condition 1 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St DOB/Age ---				Reg # _____ Reg Type _____ Reg State _____									
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator RUBINSTEIN VIVIAN A Last First Middle				Owner _____ Last First Middle									
Address 96 CYNTHIA RD				Address _____									
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 22 22 22 22 2				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													
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				-----				8 2 FAULKNER HOSPITAL					

→ 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:

crosswalk Officer Selig and I saw the pedestrian being struck before landing on top of the Toyota Corolla hood, and falling forward onto the street.

Officer Selig and I spoke with the two parties involved. I spoke with the victim, who was identified as Vivian Rubinstein (Vivian). Vivian crawled towards the sidewalk of Centre St while clutching her lower back. Initially Vivian denied being injured and refused medical aid.

The Toyota Corolla operator was identified as the register owner Elise Ruben (Elise). Elise stated to Officer Selig that her front windshield was foggy and when she noticed the blue lights, she attempted to pull

(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 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

MARK HATFIELD

NEWTON POLICE DEPART

10/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

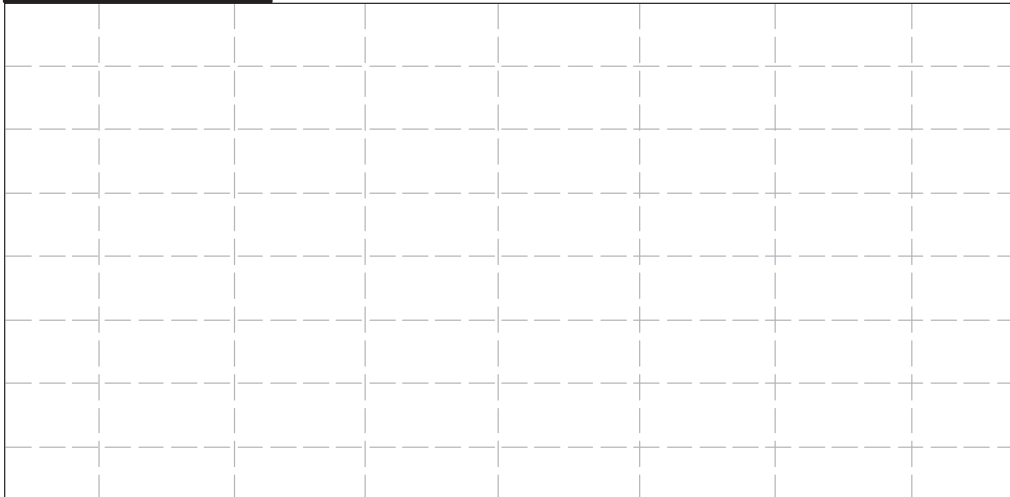
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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on a Public Way:

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Indicate North by Arrow



Crash Narrative:

Vivian was transported by Newton Medics to Faulkner Hospital for an evaluation. I issued written warning citation number T2079786 to Elise for failure to yield to a pedestrian in crosswalk (Centre St at Pleasant St). I also issued Elise citation number T2079787 for failure to yield to a pedestrian in crosswalk (Centre St at Pelham St). The vehicle was driven from the scene.

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

MARK HATFIELD

NEWTON POLICE DEPART

10/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date