

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/27/2019	Time of Crash 17:53 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		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:					
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____					
EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Landmark _____					
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001103			
License # _____ St PA DOB/Age _____			Reg # LV86814		Reg Type LVN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2006		Veh Make TOYT		Veh Config. 2 20			
Operator WILSON CHRISTINA Last First Middle			Owner HARIRI BACHIR Last First Middle							
Address 343 LEXINGTON ST			Address 58 CENTRAL AVE							
City YORK State PA Zip 17403			City REVERE State MA Zip 02151							
Insurance Company SAFETY			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8 6					
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			-----		---					
HAMEL, LIZ			-----		F 6 1 4 4 0 0 10 1					
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 _____			Reg # 5KF422		Reg Type PAN		Reg State MA			
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2002		Veh Make TOYT		Veh Config. 1 20			
Operator ZALLEN LAUREL Last First Middle			Owner (Same as operator)							
Address 543 CENTRE ST			Address _____							
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 99 23		1 9		5 11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8 7 6					
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/Non-Motorist See Above			-----		---					

Crash Narrative:
Vehicle 1 was traveling east on Washington St taking a left turn onto Cherry St with a green light, when
vehicle 2 hit her passenger front door on Cherry St.
Vehicle 2 was traveling west on Washington St taking a right hand turn onto Cherry St with a green light when
vehicle 1 hit the drivers side front fender.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

KATELYN MARY POHLMAN			NEWTON POLICE DEPARTA		10/27/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					