

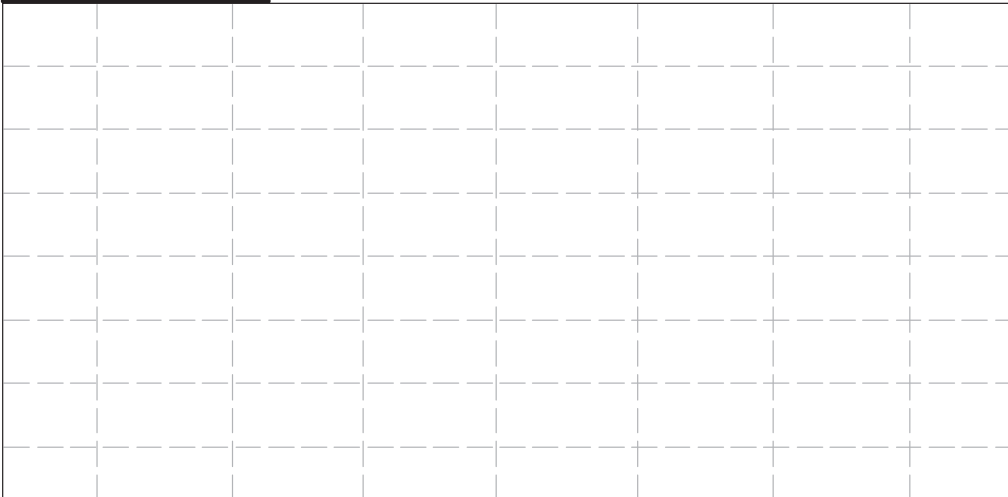
Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 11/11/2019	Time of Crash 16:38 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
NORTH CEDAR ST								2 9				
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10				
At			Feet N S E W of _____ or _____									
EAST COMMONWEALTH AVE			Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					11 1				
Also at Intersection with			Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street			Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001159					
License # --- St MA DOB/Age ---			Reg # 1NLS28		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019		Veh Make TOYOTA		Veh Config. 1 20					
Operator BANKLER BETH A			Owner TOYOTA LEASE TRU				1 12					
Address 3 ARLINGTON ST (apt. 34)			Address PO BX 105386									
City CAMBRIDGE State MA Zip 02140			City ATLANTA		State GA Zip 30348							
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? Y			Event Sequence 3 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) T1445247			Most Harmful Event 3 23		1 9		5 11 Totaled					
Violation 1: Ch 89/11 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		8							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		6							
Please fill out for operator and all occupants involved							13 3					
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 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 M Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year ---		Veh Make ---		Veh Config. 20					
Operator EMERSON ERIC			Owner ---									
Address 1133 BEACON ST (apt. 2)			Address ---									
City NEWTON State MA Zip 02461			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		1 9		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24		8							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed ---		6							
Please fill out for operator and all occupants involved									13 3			
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 BETH ISRAEL							



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 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:**

he was not able to signal the pedestrian or operator of MV#1. The witness stated that he observed the pedestrian struck, and immediately got out of his vehicle to help.

The pedestrian was transported to the hospital by medics. Pictures were taken of his injuries to be attached to this report.

MV#1 was driven off scene. Pictures were take of the damage to MV#1.

A citation was issued to the operator of MV#1.

**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

JOHN D BERGDORF

NEWTON POLICE DEPART

11/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date