

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 12/11/2019 Time of Crash 20:49 City/Town NEWTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Other: X

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

BELLEVUE ST
Route# Direction Name of Roadway/Street
WEST NEWTONVILLE AVE
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
Feet N S E W of Mile Marker Exit Number
Feet N S E W of Route# Intersecting Roadway/Street
Landmark

Vehicle 1 Occupants Hit/Run Moped Case Number 190001278

License # --- St MA DOB/Age --- Reg # 668YJ7 Reg Type PAN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
Operator BROMFIELD TERRY Owner (Same as operator)
Address 557 CALIFORNIA ST Address
City NEWTON State MA Zip 02460 City State Zip

Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence 1 22 22 22 22
Citation # (If Issued) Most Harmful Event 1 23
Violation 1: Ch \_\_\_ Sec \_\_\_ Violation 2: Ch \_\_\_ Sec \_\_\_ Driver Contributing Code 1 24 24
Violation 3: Ch \_\_\_ Sec \_\_\_ Violation 4: Ch \_\_\_ Sec \_\_\_ Underride/Override 25 Towed N

Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 1, 4, 99, 0, 0, 10, 1.

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

License # --- St MA DOB/Age --- Reg # 4MYP60 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
Operator CULLERE XAVIER F Owner ULLMAN-CULLERE MOLLIE H
Address 47 BROOKDALE RD Address 47 BROOKDALE RD
City NEWTON State MA Zip 02460 City NEWTONVILLE State MA Zip 02460

Insurance Company STATE FARM MUTUAL AUTOMOBILE Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N X E W Responding to Emergency? N Event Sequence 1 22 22 22 22
Citation # (If Issued) Most Harmful Event 1 23
Violation 1: Ch \_\_\_ Sec \_\_\_ Violation 2: Ch \_\_\_ Sec \_\_\_ Driver Contributing Code 4 24 24
Violation 3: Ch \_\_\_ Sec \_\_\_ Violation 4: Ch \_\_\_ Sec \_\_\_ Underride/Override 25 Towed N

Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, ---, ---, ---, 1, 4, 99, 0, 0, 10, 1.

