

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/29/2020		Time of Crash 17:55 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9		
EAST COMMONWEALTH AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
NORTH MORTON ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____								11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000308			2	
License # _____ St MA DOB/Age _____				Reg # 6TS578 Reg Type PAN Reg State MA									12	
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 2012 Veh Make BMW Veh Config. 2 20									1	
Operator MEISELMAN SAM Last First Middle				Owner MEISELMAN LAWRENCE Last First Middle										
Address 115 JEWETT ST (apt. 1)				Address 51 PEMBROKE ST										
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458										
Insurance Company USAA				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6						
Please fill out for operator and all occupants involved													13	
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					1	
Operator See Above				99 4 99 0 0 10 1										
7				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		1
				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
License # _____ St MA DOB/Age _____				Reg # MBA227 Reg Type PAS Reg State FL										
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2004 Veh Make HONDA Veh Config. 1 20										
Operator WILMERDING SOPHIA Last First Middle				Owner WILMERDING PATRICK Last First Middle										
Address 62 BEACON ST				Address 121 MOUNT VERNON ST										
City NEWTON State MA Zip 02467				City BOSTON State MA Zip 02108										
Insurance Company ACE INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) T2014481				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch 90/10 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				7 6						
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				99 4 99 0 0 10 1										

[illegible]

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

JOHN D BERGDORF			NEWTON POLICE DEPARTM		05/29/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 -24-00					