

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/28/2021	Time of Crash 08:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>2Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 371 WASHINGTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>11Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>12Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>13Feet N S E W of _____ Landmark</div>							
<div>3Vehicle 1 1 #Occupants</div> <div>Hit/Run</div> <div>Moped</div> <div>Case Number 210000564</div>										
<div>41License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator TOLAND SARA Address 526 WOODLANDS WAY City ABINGTON State MA Zip 02351 Insurance Company GOVERNMENT INS</div> <div>5Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>			<div>Reg # 3DCE94 Reg Type PAN Reg State MA Veh Year 2011 Veh Make AUDI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 5 24 5 11 Totaled Underride/Override 25 Towed Y</div>							
Please fill out for operator and all occupants involved			13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			1							
Operator See Above			----- --- 1 1 4 0 0 9 2 NWH							
Please Select One of the Following:			17							
<div>71Vehicle 2 4 #Occupants</div> <div>Non-Motorist A Type 14 Action 15 Location 16 Condition 17</div> <div>Hit/Run</div> <div>Moped</div>										
<div>84License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MICKENBERG JULIA Address 1049 WASHINGTON ST City NEWTON State MA Zip 02465 Insurance Company SAFETY INS</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>			<div>Reg # 228CB4 Reg Type PAN Reg State MA Veh Year 2008 Veh Make HOND Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N</div>							
Please fill out for operator and all occupants involved			13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			1							
Operator/Non-Motorist See Above			----- --- 1 4 4 0 0 10 1 NA							
MICKENBERG, DAVID			35 PETER ST HOLLISTON, MA 01746 ----- M 3 1 4 4 0 0 10 1 NA							
FRIEDMAN, ALYSSA			1049 WASHINGTON ST NEWTON, MA 02465 ----- F 6 4 4 4 0 0 10 1 NA							
FRIEDMAN, SOFIA			1049 WASHINGTON ST NEWTON, MA ----- F 4 4 4 4 0 0 10 1 NA							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

371 Washington St.

Washington st

Veh 1

Veh 2

P.O.I.

← N →

NOT TO SCALE

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:

On 7/28/21 I was working N494 when I responded to the 371 Washington St. for a report of a 2 car MVA. Upon arrival I spoke with Sara Toland (the operator of Veh 1). Toland stated her vehicle struck Julia Mickenberg's vehicle (Veh 2) from behind while she was slowing in traffic. Toland stated her knee was injured as well as her head. Toland was transported to NWH by Newton medics and her car was towed by Todys. I spoke with Julia who stated she was traveling eastbound on Washington St. When she slowed down before entering the rotary she was rear ended by Veh 1. Julia who was accompanied in the car by her two daughters and father, who all stated they were not injured. Newton Medics checked both of her daughters as well. Julia was able to drive her car away from the scene. Both parties were provided an accident report number.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code