

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash **10/19/2015** Time of Crash **14:10:00** City/Town **NEWTON**

Number Vehicles **2** Number Injured **0** Speed Limit **35**
Latitude _____ Longitude _____

State Police
Local Police
MBTA Police
Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

2014 WASHINGTON ST
Route# Direction Address # Name of Roadway/Street
Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____
Feet N S E W of _____
Route# Intersecting Roadway/Street
Feet N S E W of _____
Landmark _____

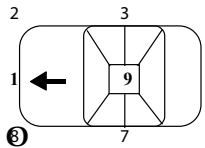
Vehicle 1 2 #Occupants Hit/Run Moped Case Number **1500001138**

License # **S67675894** St **MA** DOB/Age _____
Sex **F** Lic. Class **D 18 18** Lic. Restrictions **99 19** CDL _____
Operator **GERTH JOCELYN**
Address **34 CEDAR HILL RD**
City **DOVER** State **MA** Zip **02030**

Reg # **2PN897** Reg Type **PAN** Reg State **MA**
Veh Year **1996** Veh Make **NISS** Veh Config. **2 20**
Owner **(Same as operator)**
Address _____
City _____ State _____ Zip _____

Insurance Company **PROGRESSIVE**
Vehicle Travel Direction: N S W Responding to Emergency? _____
Citation # (If Issued) **R6461153**
Violation 1: Ch **89/4** Sec _____ Violation 2: Ch _____ Sec _____
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____

Vehicle Action Prior to Crash **6 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 **4 24 24** **5** **11** Totaled
Underride/Override **25** Towed **Y** **6**



Please fill out for operator and all occupants involved		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	4	0	0	5	1	
MURPHY, DAVID	61 PEARL ST NEWTON, MA 02459	04/03/1955	M	3	99	4	4	0	0	5	1	

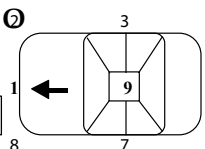
Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

License # **S86988933** St **MA** DOB/Age _____
Sex **F** Lic. Class **D 18 18** Lic. Restrictions **99 19** CDL _____
Operator **WILLIAMS DEBRA**
Address **17 DEERFIELD WAY**
City **WESTBOROUGH** State **MA** Zip **01581**

Reg # **555NB1** Reg Type **PAN** Reg State **MA**
Veh Year **2013** Veh Make **CHRY** Veh Config. **2 20**
Owner **FUSION AUTO FINANCE**
Address **210 AIRPORT FWY FINANCE**
City **BEDFORD** State **TX** Zip **76022**

Insurance Company **ARBELLA**
Vehicle Travel Direction: N S W Responding to Emergency? _____
Citation # (If Issued) _____
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____

Vehicle Action Prior to Crash **1 21** Damaged Area Code: (Circle Up to Three)
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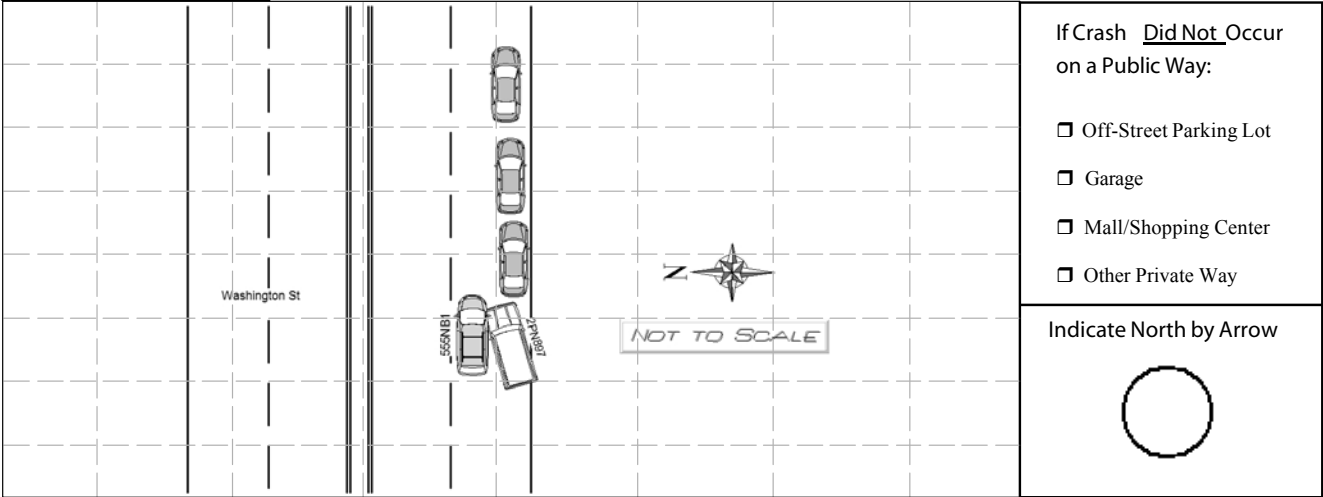


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Operator/Non-Motorist	See Above	-----	---	---	1	4	4	0	0	5	1	

→ Direction 1 Vehicle 1 2 Vehicle 2  Pedestrian

Crash Diagram:

ie: → 1 → 2 → 



Crash Narrative:

On 10/19/2015 at approx 1410 hrs while assigned to 493 I responded to 2014 Washington St for a report of a two car crash without injuries. Upon arrival I observed Ma Reg 2PN897 a white Nissan Pathfinder in the southern east bound lane of Washington St with damage to the front driver side tire, the vehicles was disabled with the tire stuck rotating out. I spoke with the operator of the Nissan, GERTH, Jocelyn who stated she was driving along when the other vehicle drove into the side of her. I spoke with the operator of Ma Reg 555NB1 , WILLIAMS, Debra who had damage to her front right fender back to the front right tire well. WILLIAMS stated she was driving east on Washington St in the right lane when GERTH suddenly pulled out of her parking spot on Washington St striking her vehicle. GERTH issued Ma Uniform Citation R6461153 for violation MGL Ch 89/4 Unsafe Lane Change. GERTHS car towed by Todys.

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

JO A GOURDEAU

NEWTON POLICE DEPART

10/19/2015

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date