Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

Date of Crash	Time of Crash	City/Town
07/13/2017	18:10 24HR	WALTHAM

Number Vehicles	Number Injured
2	0

RMV Document Number

Speed Limit 30
Latitude
Longitude

State Police ☐
Local Police ☒
MBTA Police ☐
Other:

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 1

20 WEST MAIN ST
Route# Direction Name of Roadway/Street

At

HAMMOND ST
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 2

PROSPECT ST
Route# Direction Name of Intersecting Roadway/Street

9 2

Route# Direction Address # Name of Roadway/Street

10 2

Feet N S E W of Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

11 4

Feet N S E W of Landmark

3

☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 1700000712

License # --- St MA DOB/Age -/--/-- -
Reg # MP221A Reg Type MVN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
Veh Year 2014 Veh Make FORD EXPLORER Veh Config. 2 20

4 3

Operator VISCO STEFANO DONATO (Last First Middle)
Owner CITY OF WALTHAM (POLICE DEPT) 455 (Last First Middle)

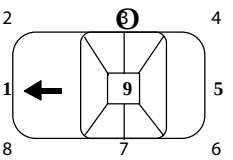
12 1

Address 155 LEXINGTON ST
Address 155 LEXINGTON ST
City WALTHAM State MA Zip 02454
City WALTHAM State MA Zip 02454
Insurance Company SELF (CITY)
Vehicle Action Prior to Crash 1 21
Damaged Area Code: (Circle Up to Three)

5 1

Vehicle Travel Direction: N S E ☒ Responding to Emergency?____
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 ____

6 2



10 Undercarriage
11 Totaled

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	See Above	- - - - - - - -	- - -	- - -	1	4	4	0	0	5	1	

13 1

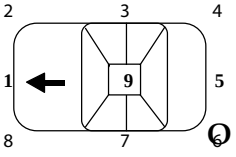
7 2

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 # --- St MA DOB/Age -/--/-- -
Reg # 1SS615 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment
Veh Year 2016 Veh Make SUBARU IMPREZA Veh Config. 1 20

8 2

Operator ULMER CHRISTIAN M (Last First Middle)
Owner (Same as operator) (Last First Middle)
Address 87 FOX RD (apt. 724)
Address
City WALTHAM State MA Zip 02451
City State Zip
Insurance Company LIB MUT
Vehicle Action Prior to Crash 2 21
Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S E ☒ Responding to Emergency?____
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 ____



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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	- - - - - - - -	- - -	- - -	1	4	4	0	0	5	1	