

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/21/2019	Time of Crash 09:42 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 1066 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000204	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company CITATION			Reg # 7YZ966 Reg Type PAN Reg State MA Veh Year 2019 Veh Make LAND ROVER Veh Config. [2] [20] Owner CAAN LIZ Address 1066 CENTRE ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [22] [22] [22] 2 Most Harmful Event [2] [23] Driver Contributing Code [1] [24] [24] Underride/Override [25] Towed N			 10 Undercarriage 5 11 Totaled				
Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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										
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] <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St MA DOB/Age --- Sex F Lic. Class [D] [18] [18] Lic. Restrictions [2] [19] CDL _____ Operator LIM SUK Address 128 CHESTNUT ST City WALTHAM State MA Zip 02153 Insurance Company PROGRESSIVE DIRECT Vehicle Travel Direction: [N] [X] [E] [W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 763YC9 Reg Type PAN Reg State MA Veh Year 2007 Veh Make BUICK Veh Config. [2] [20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [10] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [22] [22] [22] 2 Most Harmful Event [2] [23] Driver Contributing Code [19] [24] [24] Underride/Override [25] Towed N			 10 Undercarriage 5 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/Non-Motorist See Above										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1066 Centre St

Centre St

Rice St

MV#1

MV#2

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:

The owner of MV#1 stated her vehicle was parked in the rear parking lot (Located on Rice St) of 1066 Centre St and was informed by 2 witnesses that stated her vehicle was struck by MV#2. I spoke to the 2 witnesses and they stated they were on the second floor of 1066 Centre St in suite #212 and had a bird's eye view of the rear parking lot on Rice St. The witnesses stated that MV#1 was parked while MV#2 was parked at an angle at a very close proximity to MV#1. The witnesses stated the operator of MV#2 was cleaning the snow off her vehicle, got into her vehicle then backed out of her parking space striking MV#1. The witnesses took a digital photograph of MV#2's registration (MA REG 763YC9). They described the operator of MV#2 as an Asian female in her 40's, 5'1" in height, operating a black colored "Buick" S.U.V type vehicle. MV#1 sustained minor damages to its front passenger door and bumper.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GAGNON, MARK,	1066 (apt 212) CENTRE ST NEWTON, MA 02459	-----	Y
DESOUZA, GUILHERME,	1066 (apt 212) CENTRE ST NEWTON, MA 02459	-----	Y

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

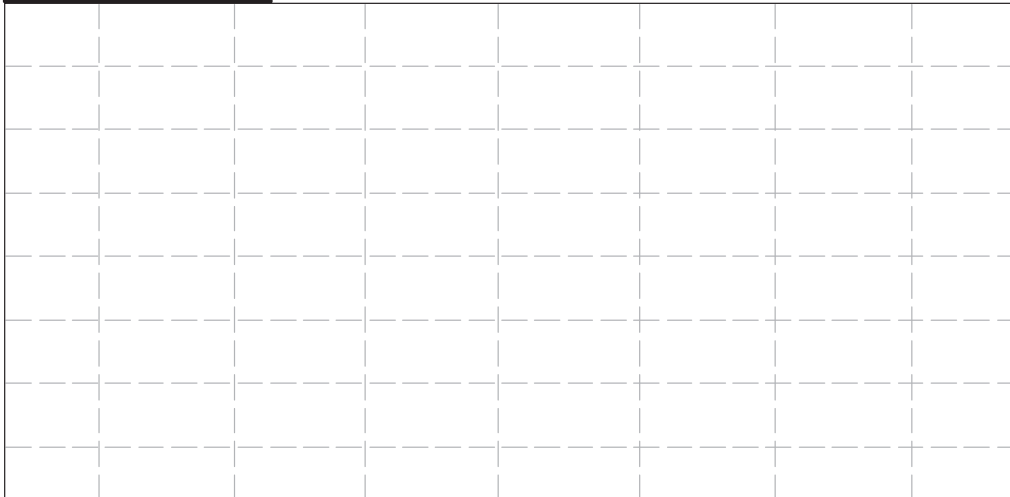
Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

A query of MA REG 763YC9 showed that it was registered to an Asian female to a black colored "Buick Rendezvous". The owner of MV#1 stated the owner of MV#2 also has a business in the same building at 630 Commonwealth Ave (Move2Boston Group). I spoke to the registered owner of MV#2 via telephone and she stated she was parked in the rear parking lot on Rice St but denied making contact with any vehicles. I could not observe MV#2 as it was not at the scene. At 14:40 I returned to 1066 Centre St and was able to observe MV#2. MV#2 displayed minor scrapes to its front driver's side bumper which was consistent relative to where both vehicles were parked.

Based on the witnesses statements I will document this accident and provide this report number to the vehicle owners.

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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

02/21/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date