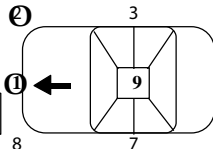
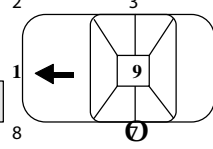


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/27/2019	Time of Crash 18:20 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					9			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 101 MADISON AVE		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____		_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____					11			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____		_____ Feet N S E W of _____ Landmark _____					3			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000540						
License # _____ St MA DOB/Age _____			Reg # 64SL37		Reg Type PAN		Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017		Veh Make TOYOTA		Veh Config. 2 20						
Operator SUGIANTO JOELLE Last First Middle			Owner SUGIANTO INDRA WIDJAJA Last First Middle							12			
Address 318 CRAFT STREET			Address 318 CRAFT STREET							1			
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02460										
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 2 22 22 22 22										
Citation # (If Issued) _____			Most Harmful Event 2 23		10 Undercarriage 11 Totaled								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 97 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N										
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
Operator See Above			-----		1 4		4 0		0	10	1		
7 1 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		
License # _____ St MA DOB/Age _____			Reg # 6BB454		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018		Veh Make TOYOTA		Veh Config. 2 20						
Operator TRAN DANG NGOC Last First Middle			Owner (Same as operator)										
Address 103 MILL STREET			Address _____										
City WORCESTER State MA Zip 01603			City _____ State _____ Zip _____										
Insurance Company METROPOLITAN			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 2 22 22 22 22										
Citation # (If Issued) _____			Most Harmful Event 2 23		10 Undercarriage 11 Totaled								
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 N										
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			-----		0 4		4 3		0	10	1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

Crash Diagram showing a street layout with Madison Ave, a north arrow, and vehicle positions. Unit 1 is a truck and Unit 2 is a car. A 'NOT TO SCALE' label is present. A legend on the right indicates crash locations: Off-Street Parking Lot, Garage, Mall/Shopping Center, and Other Private Way. A north arrow is also shown.

Crash Narrative:

On 05/27/2019, while assigned to N494, I, Officer Conary responded to 101 Madison Ave for a MVA. Upon arrival, I met with Operator of MV1 who explained to me that she was attempting to make a three point turn at driveway. When she began to drive away, she was too close to MV2 and hit the side. MV2 was parked legally on the side of the road. Operator of MV1 was offered and declined medical attention. Both MV1 and MV2 did not need a tow. Operator of MV2 was not on scene at the time of the accident. He called Newton Police Dispatch and received all information pertaining to the accident. No further incident to report.

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

KRISTINA CONARY

NEWTON POLICE DEPART

05/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Incident/Remarks

Date