

Commonwealth of Massachusetts

Police Use Only				Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 08/17/2019		Time of Crash 09:57 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 1		Number Injured 0		Speed Limit 30 Latitude Longitude		State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
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						EAST 940 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000843											
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator AHMAD WANI KHUTSHEED Address 16 WISTERIA ST (apt. 1) City WORCESTER State MA Zip 01604 Insurance Company PROGRESSIVE Vehicle Travel Direction: N S X W Responding to Emergency? Citation # (If Issued) T1268352 Violation 1: Ch 89/4A Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 9FD689 Reg Type PAN Reg State MA Veh Year 2019 Veh Make SUBARU Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 35 22 22 22 22 2 9 4 11 Totaled Most Harmful Event 35 23 Driver Contributing Code 12 24 24 Underride/Override 25 Towed Y											
Please fill out for operator and all occupants involved																	
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																	
Operator See Above																	
BANBAY, SHEHID 16 WISTERIA ST (apt 1) WORCESTER, MA 01604																	
BHAT, AIJAZ 16 WISTERIA ST (apt 1) WORCESTER, MA 01604																	
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																	
License # --- St --- DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Operator MCELROY MARK Address 940 COMM AVE City NEWTON State MD Zip 02460 Insurance Company 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						Reg # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 9 4 10 Undercarriage 11 Totaled Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed											
Please fill out for operator and all occupants involved																	
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																	
Operator/Non-Motorist See Above																	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Commonwealth Ave

940 Commonwealth Ave

950 Commonwealth Ave

MV#1

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 operator of MV#1 stated he was travelling eastbound on Commonwealth Ave looking for 950 Commonwealth Ave when a vehicle behind him honked its horn. The operator of MV#1 stated he then abruptly made a right turn into the driveway of 940 Commonwealth Ave when he struck a retaining wall (The retaining wall is between 940 Commonwealth and 950 Commonwealth Ave) causing MV#1 to go over the wall and finally resting on top of it. The retaining wall sustained heavy damages, approximately 4 feet in length.

MV#1 sustained heavy front right side and undercarriage damages. There were no reported injuries to the operator of MV#1 or its passengers. Newton Paramedics evaluated all occupants of MV#1 and all occupants signed refusals of treatment. The owners of 940 Commonwealth were advised of this accident and provided with the report number. Based on the information provided to me, the operator of MV#1 was issued in hand MA

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
MCELROY, MARK,	940 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617 244-0731	97	RETAINING WALL

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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

uniform citation #T1268352 for violation of c89 s4A failure to stay within marked lanes. Tody's Towing took possession of MV#1.

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

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

GITA K SETIABUDI

25111

NEWTON POLICE DEPARTMENT

08/17/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____