

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/27/2019		Time of Crash 07:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 30 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		
WEST COMMONWEALTH AVE												2		
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10		
NORTH MORTON ST				Feet N S E W of _____ or _____ Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11		
Route# Direction Name of Intersecting Roadway/Street				Landmark								3		
97 <input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000979						
License # --- St MA DOB/Age ---				Reg # 9MZ324				Reg Type PAN		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015				Veh Make HONDA		Veh Config. 1 20				
Operator NICHOLAS SAVARI				Owner (Same as operator)								12		
Address 614 POND ST (apt. 2204)				Address _____										
City BRAintree State MA Zip 02184				City _____ State _____ Zip _____										
Insurance Company GEICO GENERAL				Vehicle Action Prior to Crash 4 21								Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2								3 4		
Citation # (If Issued) T1268357				Most Harmful Event 1 23								10 Undercarriage		
Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 18 24								5 11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y								6		
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												1		
Operator See Above				---										
NICHOLAS, NATASHA 614 POND ST (apt 2204) BRAintree, MA 02184				F 3 99 1 4 0 0 10 1										
NICHOLAS, JACQUELAINE 614 POND ST (apt 2204) BRAintree, MA 02184				F 4 99 1 4 0 0 8 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		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---				Reg # 2BM961				Reg Type PAN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2014				Veh Make HONDA		Veh Config. 1 20				
Operator PAGAN ROSEMARY				Owner (Same as operator)										
Address 104 STUART AVE				Address _____										
City DRACUT State MA Zip 01826				City _____ State _____ Zip _____										
Insurance Company METROPOLITAN PROP				Vehicle Action Prior to Crash 1 21								Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 20 22 25 22 2								3 4		
Citation # (If Issued) _____				Most Harmful Event 1 23								10 Undercarriage		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24								5 11 Totaled		
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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												BOSTON MEDICAL CEN		
Operator/Non-Motorist See Above				---										

→ 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:**

The operator of MV#1 stated he was travelling eastbound on Commonwealth Ave making a left turn onto Morton St when he was struck by MV#2. The operator of MV#1 stated he was unsure of where MV#2 came from. There was a strong solar glare facing westbound on Commonwealth Ave during this accident. MV#1 sustained heavy driver's side front end damages. Both front airbags were deployed. The operator of MV#1 stated he was not injured. The front passenger of MV#1 was not injured and had already left the scene to attend school. The driver's side rear passenger sustained a bleeding nose from this accident. She was unsure what caused her injuries because it happened too quickly. She was evaluated by Newton Paramedics and signed a patient refusal of treatment.

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**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
BILODEAU, SARAH,	,	----	N

**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

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 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 initial point of impact for both vehicles was in the middle intersection of Commonwealth Ave at Morton St. There were broken vehicle parts and tire skid marks starting from the point of impact and onto the berm on Commonwealth Ave on the carriage lane side. MV#2's final resting spot was directly accross from 808 Commonwealth Ave. MV#2 sustained heavy front end damages to its driver's side wheel (Broken axle) and flat front right side tire. MV#2's driver's side airbag was deployed. The operator of MV#2 was transported by Newton Paramedics to the Boston Medical Center. I spoke to the operator of MV#2 via telephone and she stated she was travelling westbound on Commonwealth Ave when she was struck by MV#1 and caused her swerve onto the carriage lane berm. The operator of MV#1 is 6.5 months into her pregnancy and sustained neck, back, bruises and left hand injuries. She was transported to Boston Medical Center and was later discharged the same day.

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**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 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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

09/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

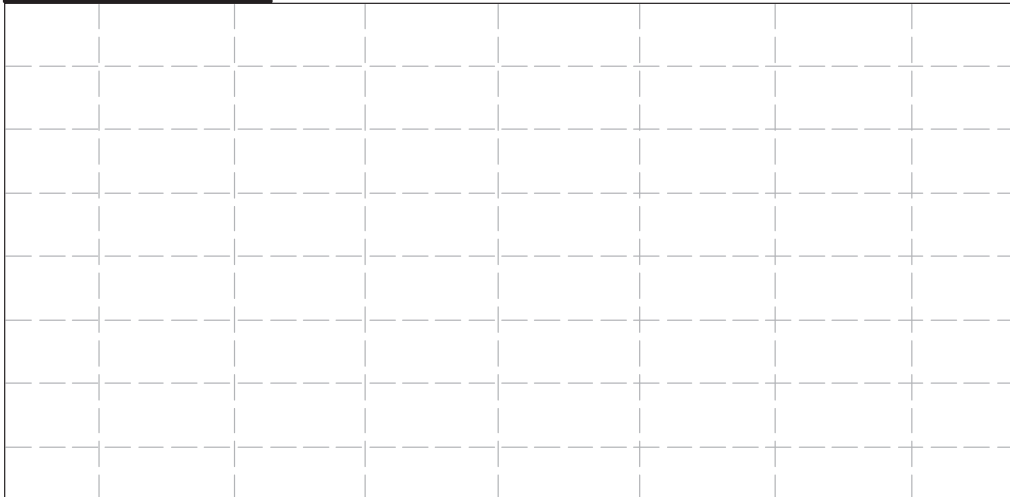
Precinct/Barracks

Date

→ 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:

She was provided with this accident report number and was advised to contact her insurance provider.

I spoke to the witness who was at the intersection of Cedar St and Commonwealth Ave. The witness stated MV#1 was travelling eastbound on Commonwealth Ave and had stopped, attempting to make a left turn onto Morton St. The witness stated she then observed MV#2 travelling westbound on Commonwealth Ave and struck MV#1. The witness stated she believed MV#2 was travelling at a high rate of speed because it continued to travel onto the berm after striking MV#1. I took digital photographs of the damaged berm on Commonwealth Ave. Based on the statements made to me, I issued in hand to the operator of MV#1 citation #T1268357 for violation of c89

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#### 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 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

GITA K SETIABUDI

25111

NEWTON POLICE DEPT

09/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

