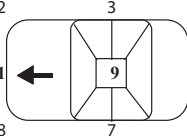
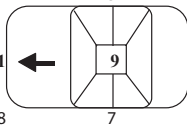


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 01/14/2020		Time of Crash 08:57 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																																																
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<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>NORTH 1314 CENTRE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>41</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____ Last First Middle</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company GEICO</div>						<div>712</div> <div>Reg # 3RF592 Reg Type PAN Reg State MA</div> <div>Veh Year 2017 Veh Make TOYOTA Veh Config. 2 20</div> <div>Owner VASCONCELOS SONIA M</div> <div>Address 401 PLEASANT ST</div> <div>City FRAMINGHAM State MA Zip 01702</div> <div>Vehicle Action Prior to Crash 11 21</div> <div>Event Sequence 2 22 22 22 22 2</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
<div>51</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>																																																																												
<div>61</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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	-----	---	---																																																<div>132</div> <div></div>					
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→ 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:

that contact was made. MV#2 appeared to be a gold colored "Audi" SUV operated by a Fred Ellis of 36 Sallbury Rd in Brookline MA (617 731-3358). I am unable to view a registration or locate a registered vehicle to a Fred Ellis at this time.

The damage to MV#1 is to its driver's side rear door. It displayed a light color mark (Minor damages).

There were no reported injuries to all parties involved. The front passenger of MV#1 was only known as

"Rosemary" (Unknown last name, address or D.O.B). I contacted the operator of MV#2 and left a voicemail. To be further investigated pending statements from the operator of MV#2.

On 01/17/2020 at 09:45 I spoke to Alfred Ellis and he stated that he was at the Holly Cleaners parking lot and could not reverse due to MV#1 parking so close to his vehicle. Mr. Ellis stated he unsure if he had made

(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

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

01/14/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

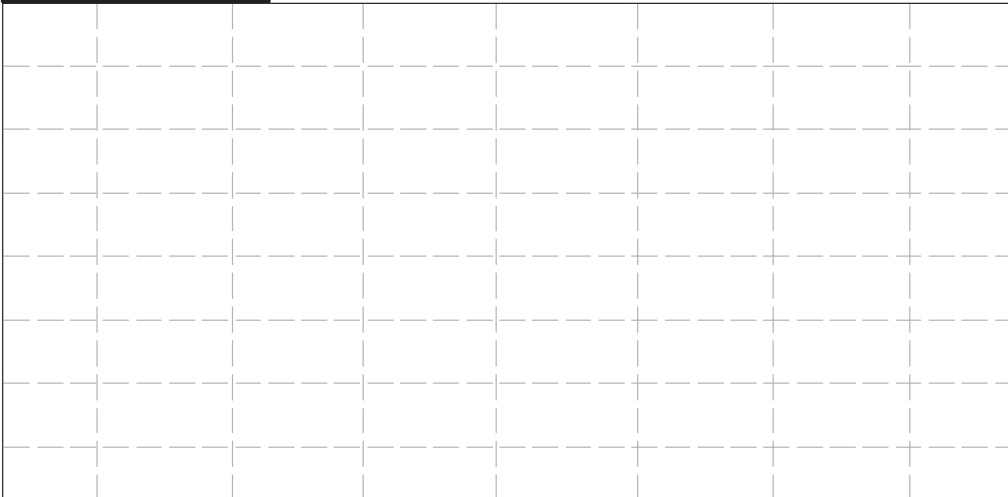
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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on a Public Way:

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- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

contact with MV#1. Mr. Ellis was forthcoming with his statements and provided me with his vehicle and license information. He stated he was not injured and I provided him with this accident report number along with information of the other involved vehicle.

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)

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Signature

ID/Badge #

Department

Precinct/Barracks

Date