

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/23/2020	Time of Crash 18:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 966 WATERTOWN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000088	
License # _____ St MA DOB/Age _____			Reg # 4PW429			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011			Veh Make KIA			Veh Config. 2 20	
Operator NAKADDU SARAH Last First Middle			Owner (Same as operator)			First Middle				
Address 52 SKYLINE DR (apt. 7)			Address _____			First Middle				
City BRAintree State MA Zip 02184			City _____ State _____ Zip _____			State _____ Zip _____				
Insurance Company GEICO			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 checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 40 22 35 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 35 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 99 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address _____			Age/DOB Sex 26 27 28 29 30 31 32 33			Medical Facility				
Operator See Above			Age/DOB Sex 26 27 28 29 30 31 32 33			Medical Facility				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 # 1BSN69			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015			Veh Make INFINITI			Veh Config. 1 20	
Operator SHAH PRIYA Last First Middle			Owner (Same as operator)			First Middle				
Address 11 JAMES ST			Address _____			First Middle				
City WATERTOWN State MA Zip 02472			City _____ State _____ Zip _____			State _____ Zip _____				
Insurance Company THE STANDARD FIRE INSURANCE COMPANY			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 51 22 99 22 22 22			2 3 4				
Citation # (If Issued) T2079187			Most Harmful Event 51 23			5 10 Undercarriage 11 Totaled				
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 24 99 24			8 7 6				
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 27 28 29 30 31 32 33			Medical Facility				
Operator/Non-Motorist See Above			Age/DOB Sex 26 27 28 29 30 31 32 33			Medical Facility				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Shell Gas 979 Watertown St

Unit 2

Unit 1

TIEM 966 Watertown St

P.O.I.

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On 1/23/19 while working N493, I responded to 966 Watertown St for an MVA, car into a building. Business name is TIEM. The operator (operator #1) was the sole occupant of the vehicle (MA reg 4PW429, now known as vehicle #1). I was able to obtain a statement from operator #1 while medics and fire were en route. Operator #1 told me that she was driving eastbound on Watertown St when vehicle #2 (MA reg 1BSN69) pulled out to take a left from the Shell Gas Station at 979 Watertown St. Operator #1 had to swerve to the right in order to avoid a collision with vehicle #2. This caused vehicle #1 to crash into the exterior brick wall of 966 Watertown St. There was airbag deployment and visible structural damage to the business, however it did not appear severe.

The operator of vehicle #2 was still on scene and confirmed the events that operator #1 spoke of. Operator #2

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
KANE, JOHN,	PO BOX 6945 PROVIDENCE, RI	-----	Y
DONATO, STEVEN, J	102 FOREST AVE NEWTON, MA	-----	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

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

KELEIGH N DONAHUE

NEWTON POLICE DEPT

01/23/2020

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:

stated she did not see vehicle #1 as she was pulling out due to heavy traffic flow and parked cars. Vehicle #2 did not make contact with any other car or structure.

Vehicle #1 sustained heavy front end damage and was towed by Tody's. Operator #1 was checked out by the medics but declined transport. The owner of the business affected was notified and responded to the scene. He was provided this report number for insurance purposes. No emergency accomodations or notifications needed be made in regards to the damage.

It should be noted that a witness remained on scene and verified what operator #1 said transpired. His contact information was provided and is listed in the appropriate field, along with the business owner info for TIEM.

(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

KELEIGH N DONAHUE

NEWTON POLICE DEPART

01/23/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

Operator #2 was issued in hand MA citation T2079187 and sent on her way.

[illegible]

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

KELEIGH N DONAHUE

NEWTON POLICE DEPARTMENT

01/23/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____