

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/10/2020	Time of Crash 09:43 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 791 WALNUT ST 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 _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000507		
License # --- St MA DOB/Age ---			Reg # MBTT606 Reg Type ATN Reg State MA								
Sex M Lic. Class B 18 18 Lic. Restrictions M 19 CDL _____			Veh Year 2006 Veh Make FLYER Veh Config. 4 20								
Operator ESPADA JOSE A			Owner MBTA								
Address 7 LINCOLN ST (apt. 12)			Address 10 (apt. 2810) PARK PLZ								
City HYDE PARK State MA Zip 02136			City BOSTON State MA Zip 02116								
Insurance Company MBTA / SELF INSURED			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 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					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			6					
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 See Above			99 4 4 0 0 10 1								
MAYSKY, MARK 645 CENTRAL AVE NEEDHAM, MA 02494			M 97 99 4 4 0 0 10 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 # 7409JY Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 20								
Operator OREILLY JOANNE			Owner (Same as operator)								
Address 58 ASH ST (apt. C)			Address _____								
City AUBURNDALE State MA Zip 02466			City _____ State _____ Zip _____								
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 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					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			6					
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			99 1 4 0 0 7 2								

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/10/2020	Time of Crash 09:43 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	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:						
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			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 _____										
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____										
3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____										
3 <input checked="" type="checkbox"/> Vehicle 3 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000507				
4 License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>ENRIGHT</u> <u>PAUL</u> _____ Address <u>650 HUNTINGTON AVE (apt. 22F)</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02115</u> Insurance Company <u>AMICA MUTUAL</u>			Reg # <u>5RH851</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>MINI</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>6</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>4</u> <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>Y</u>										
5 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13 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 ----- --- --- 99 4 4 0 0 10 1 										
7 Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u>		Location <u>16</u>		Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> 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 → Pedestrian

Crash Diagram:

Walgreens 1101 Beacon St

Walnut St

MV#3

MV#1

MV#2

N

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 southbound on Walnut St when he observed MV#3 pull out of the driveway of Walgreens (Located on 1101 Beacon St but the driveway goes out onto Walnut St), struck MV#2 who was travelling northbound, pushing MV#2 into MV#1. MV#1 is an MBTA bus. MV#1 sustained minor damages to its driver's side front bumper area. There were no reported injuries to the operator of MV#1 or its passengers. All of the passengers onboard of MV#1 left the area prior to my arrival except for 1.

The operator of MV#2 stated she was travelling northbound on Walnut St when she was struck by MV#3, which in turn pushed MV#2 into MV#1. MV#2 sustained heavy front end damages with driver's side airbag deployment and heavy driver's side door panel damages. The operator of MV#2 sustained injuries to her neck and shoulders. She was transported by Newton Paramedics to Newton Wellesley Hospital. The operator of MV#2 had a small dog

(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 # MBTT606 (From Vehicle Section)

Carrier Name MBTA Carrier Issuing Authority Code 35

Address 10 PARK PLZ RM2810 City BOSOTN St MA Zip 02116

US DOT #: _____ State Number _____ Issuing State MASSA ICC #: _____ Interstate 2 36

Cargo Body Type Code 1 37 Gross Vehicle Weight 3 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

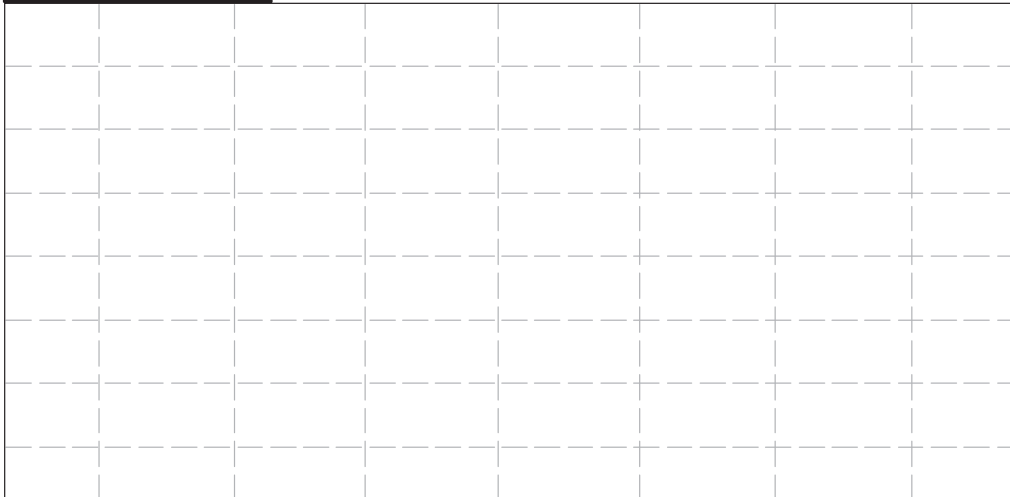
Hazmat Information:

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

with her that was located in the front passenger seat. Newton Animal Control took possession of the dog and transport it to the veterinarian. It was reported that the dog sustained possible internal trauma.

The operator of MV#3 stated he was pulling out of the driveway of Walgreens onto Walnut St and struck MV#2. The operator of MV#3 stated MV#2 was travelling at a high rate of speed. MV#3 sustained heavy front end damages. There were no reported injuries to the operator of MV#3.

Tody's Towing took possession of MV#2 and MV#3. MBTA Police Officer Michael Bolotin arrived on scene and documented the accident (MBTA case #2020-5909). MBTA Officers took possession of MV#1. The City of Newton DPW's street sweeper cleaned the debris on the street.

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

09/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date