

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/03/2020	Time of Crash 12:04 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 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:				
Route# Direction Name of Roadway/Street At			SOUTH 1269 CENTRE 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 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000695		
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO			Reg # 6TB247 Reg Type PAN Reg State MA Veh Year 2017 Veh Make INFINITI Veh Config. 1 20 Owner MAHDAVI-HARSINI MAHYAR Address 14 HOUGH RD City BELMONT State MA Zip 02478 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 9					
Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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											
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 checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator WOODARD RICHARD Address 185 RUSSELL FARM City WINCHENDON State MA Zip 01475 Insurance Company GEICO			Reg # 2HLR81 Reg Type PAN Reg State MA Veh Year 2019 Veh Make DODGE Veh Config. 2 20 Owner NASTASIA KELLIE Address 41 (apt. 27) COLONELS DR City WEYMOUTH State MA Zip 02189 Vehicle Action Prior to Crash 5 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 9					
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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:**

Beacon St

1269 Centre St "Starbucks"

Centre St

Witness

MV#1

MV#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 owner of MV#1 had parked his vehicle at 10:03 in front of 1269 Centre St and returned to his vehicle at 12:00 to discover that it had been struck. Attached to the windshield of MV#1 was a handwritten note from a party that witnessed the accident. MV #1 sustained moderate damages to its front driver's side bumper. I spoke to the witness via telephone and he stated he was travelling southbound on Centre St directly behind MV#2 when he observed MV#2 sideswiped MV#1. The witness then observed the operator of MV#2 got out of his vehicle, looked at the damages to MV#1, retrieved a can of paint from a party standing on the sidewalk, got back into MV#2 and drove away. The witness stated MV#2 was a black colored "Dodge Ram" pick up truck bearing MA REG 2HLR81. The damages to MV#2 should be to its rear passenger side bumper. The witness described the operator of MV#2 as a white male in his 50's, 6' in height with a muscular build.

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**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
RODRIGUES, MATT,	211 SUMNER ST NEWTON, MA 02459	-----	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

→ 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:

A query of MV#2 showed that it is registered to a female party out of Weymouth MA. I attempted to contact the owner of MV#2 at phone #781 974-0307 and left a voicemail. I spoke to the Weymouth Police Dept and they will attempt to make contact with the owner of MV#2. I was able to speak to the owner of MV#2 and she stated her ex-boyfriend Richard Woodard has possession of MV#2 but does not speak to him often. She does not know Richard's personal information and provided me with his contact number of 617 631-0596. I spoke to Richard and he stated he was contacted by the owner of MV#2 and was already enroute to Police Headquarters. Richard arrived shortly after and he confirmed that he is the operator of MV#2 and was on Centre St retrieving paint earlier. Richard stated he was not aware he struck any other vehicles. I inspected MV#2 and did not observed any damages to its entire right side. I observed some minor scraping marks on the rear passenger side tire of

(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

12/03/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

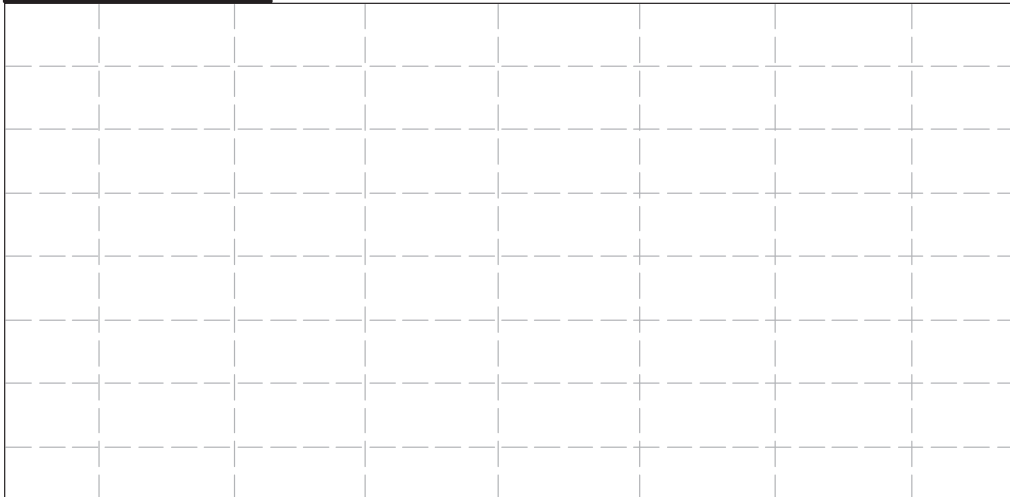
Precinct/Barracks

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:

MV#2. The rear passenger tire of MV#2 would be the most likely part of the vehicle that made contact with MV#1 and also consistent with the witness's statements. Based on the statements made to me by Richard and the fact that there were no visible damages to MV#2 besides its rear tire, it is possible that Richard was not aware he made contact with MV#1. All parties involved were provided with this accident report and advised to contact their insurance providers. There were no reported injuries to all parties involved. I will not pursue this matter further.

#### 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  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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

12/03/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date