

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																	
Date of Crash 03/20/2021	Time of Crash 11:58 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 4	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"/>																																																															
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																																																																			
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____																																																																					
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____																																																																					
3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____																																																																					
3 <input checked="" type="checkbox"/> Vehicle 3 0 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 210000199																																																																					
4 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company VERMONT MUTUAL			Reg # 274AB4 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. [1][20] Owner BLEND PAUL T Address 5 TURNER DR. City RANDOLPH State MA Zip 02368 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][2][22][22][22] ② 3 4 Most Harmful Event [2][23] ① 9 10 Undercarriage Driver Contributing Code [1][24][24] ⑧ 5 11 Totaled Underride/Override [25] Towed Y																																																																					
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8 License # --- St MA DOB/Age --- Sex M Lic. Class [D][18][18] Lic. Restrictions [B][19] CDL _____ Operator MEHTA DIVYESH Address 21 ALBEMARLE RD (apt. FRNT) City NEWTON State MA Zip 02460 Insurance Company PROGRESSIVE DIRECT Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 3SFL71 Reg Type PAN Reg State MA Veh Year 2017 Veh Make BMW Veh Config. [2][20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 3 4 Most Harmful Event [2][23] 1 9 10 Undercarriage Driver Contributing Code [1][24][24] 8 5 11 Totaled Underride/Override [25] Towed N																																																																					
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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:

The operator of MV#1 stated she was in the parking lot of 330 Homer St (Newton Free Library) attempting to park into a parking spot when her vehicle all of the sudden accelerated, went over the burm striking MV#2 (Parked and unoccupied), striking MV#3 (Parked unoccupied) and pushing MV#3 into MV#4 (Parked and occupied with 4 people). The operator of MV#1 stated she was not distracted and her vehicle just accelerated forward by itself. The front passenger of MV#1 stated they were attempting to park into a parking spot when the vehicle accelerated on its own. MV#1 sustained moderate damages to its front end. There were no reported injuries to the operator of MV#1 or its passenger. MV#1 was deemed mechanically sound and left the scene after being provided with the necessary information pretraining to this accident. MV#2 was parked next to MV#3 and was unoccupied when it was struck by MV#1. MV#2 sustained minor damages to

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
LEAPER, ROBERT,	6 MERTON ST NEWTON, MA 02458	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY, OF	330 HOMER ST NEWTON, MASSACHUSETTS 02		97	CITY BURM

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:

its front passenger's side bumper. The owner of this vehicle was provided with the necessary information pertaining to this accident.

MV#3 was parked in between MV#2 and MV#4 and was unoccupied. MV#3 was struck by MV#1 which pushed MV#3 into MV#4. MV#3 sustained heavy front end damages (Broken driver's side axle).

The operator of MV#4 was inside his vehicle along with 3 other passengers when they were struck by MV#3. MV#4 sustained heavy damages to its driver's side rear door. There were no reported injuries to the operator of MV#4 or its 3 passengers.

The witness stated he was inside his vehicle a few parking spots over from MV#4 and observed MV#1 drive over the burm striking MV#2 then striking MV#3 and pushing MV#3 into MV#4.

(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

03/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

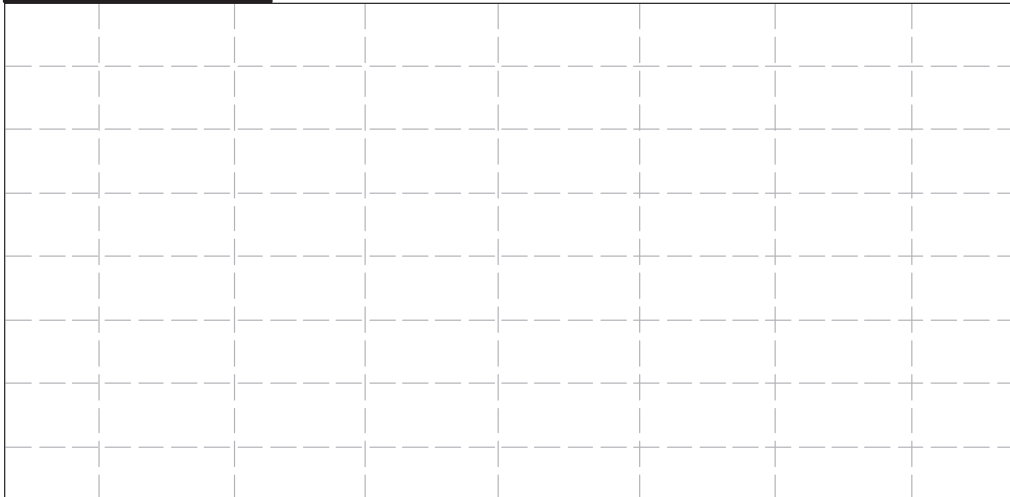
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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#3 sustained the heaviest damage and was inoperable. MV#3 was towed by AAA Towing Services. I took digital photographs of the damages sustained to the city's burn.

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

03/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date