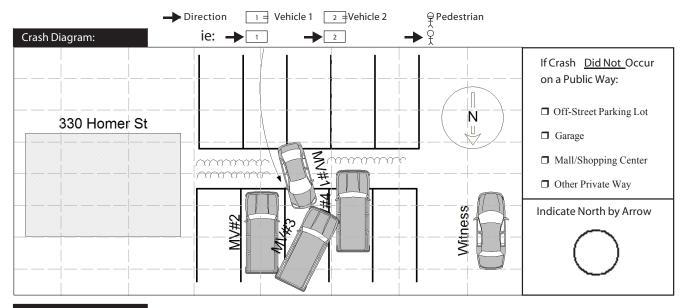
	Poli	ice Use Only		Commonweal	lth o	f Massa	ach	uset	tts		RM	V Doci	ument	t Number	
	Date of Crash 03/20/2021	Time of Crash 11:58 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Num Vehi		ured La	eed Lim titude _ ongitude		Sta Lo M Ot	ate Police ocal Police BTA Police ther:	XXI
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	Route# Direc	etion	Name of Intersecting	Roadway/Street	<u> </u>	Feet [N S E	of w	 M	ile Marke	r	or	Ex	xit Number	
	Tiouten Biret		Also at Interse		-	Feet	SE	W of		oute#	Intersec	ting Ro	oadway	y/Street	L
2 1	Route# Direc	tion	Name of Intersecti	ng Roadway/Street	-	Feet	N S E	W of							5
3			T	<u> </u>							La	ndmark			\dashv
	X Vehicle 1	_2_#Occupants		Moped Case N	lumber		2	2100000)199						4
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	Sex_F_ Lic.		Lic. Restrictions MARY ANN	B CDLEndorsment		ar 2011						_Veh C	Config.	. 1	\vdash
⁴ 1	Operator LAM	Last VATERTOWN S	First	Middle		(Same as oper			Fir			Mide	dle		7
	City NEWTO			MA Zip 02458		S						·	Zin		
		прапу СОММЕН				Action Prior to			21					e Up to Three	e)
5 1	1	Direction: X		nding to Emergency? N	Event S	Sequence 27 2	2 2	_	22 22	0	3	$\overline{}$	4		
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⁶ 1				: ChSec	Underri	ide/Override	2		owed N	0	/	1 1	6		
	Please : Name (Last Fir		rator and all occupa	ants involved Address	Age/DOB Sex System Status Switch Code Code Status Code Medical Facil								Medical Facility	2	
	Operator		2320	See Above COMMWEALTH AVE (apt 1	-2)			9	99 4	4 0	0	10	1		_
	RAMSEY, REG	GINA		TON, MA 024666			F	3 9	99 4	4 0	0	10	1		_
⁷ 1	Please Select C of the Followi	IX Vehicle	e2 <u>0</u> #Occupants	Non-Motorist A Type	14	Action 1	5 Loc	cation	16	Condition	17		Hit/Ru	п Море	:d
	License#	18	St	DOB/Age	Reg#2	2AKY77			Re	g Type_P	AN	Re	g State	e MA	
	Sex Lic.		Lic. Restrictions	CDL	Veh Ye	ar_2017	V	eh Mak	е_тоуо	ГА		_Veh C	Config.		
⁸ 3	Operator	Last	First	Middle		Las:	· ·		RSON	st	JA	Mide	dle		
	Address	Address 307 (apt. C) WINCHESTER ST City NEWTON State MA Zip 02461								02461					
	City Insurance Com	J	A sties Dries to	C1-	. [21	Dama			_ ^ _		e)			
	Vehicle Travel	22 22 22 23 Q 3 4									,				
	Citation # (If I	Most Harmful Event 2 23								ıge					
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24 5 11 Totaled									
	Violatio	on 3: ChS	4: ChSec	Underride/Override 25 Towed N 8 7 6											
	Pl Name (Last Fi		r operator and all o	ccupants involved		Age/DOB	Sex		27 28 afety Airbag	29 Airbag Ej	30 31 ect Trap Code Code	32 Injury 1 Status	33 Fransp. Code	Medical Facili	ty
		Non-Motorist		See Above					J. Suit		Jode			I welli	
															\dashv

Poli	ice Use Only		Commonw	ealth o	of Massa	achus	setts		[R	MV D		nt Number	
Date of Crash 03/20/2021	Time of Crash 11:58	City/To NEWTON	Moto Moto	or Veh	icle Cra	sh [Number Zehicles			Speed I Latitude		0 S	State Police Local Police MBTA Police	N X
03/20/2021	24HR	NEWTON	F		Report		4	0		Longitu			MBTA Police Other:	
	AT INTER	SECTION:	<	LOCATION > NOT AT INTERSECTION:										
														ŀ
Route# Direc	tion	Name o	f Roadway/Street		Route# Direction	n Addı	ess #			Name	of Road	dway/Stı	reet	_
			At		Feet N	NSEV	7 of				— or			
Route# Direc	ction N	Vame of Intersecti	ng Roadway/Street		Feet NSEW of or Exit Number								Exit Number	_
		Also at Inte	rsection with		Feet N S E W of Route# Intersecting Roadway/Street									-
٦					Feet N	S E V	of					2		
Route# Direc	tion	Name of Interse	ecting Roadway/Street								Landn	nark		
XVehicle 3	#Occupants	Hit/Run	☐ Moped Ca	ase Number		210	0000199							1
License#		St	DOB/Age	Reg#	274AB4			Reg	g Type_	PAN		Reg Sta	nte_MA	
Sex Lic.	Class 18 18	8 Lic. Restriction	ns	Veh Ye	ear_2017	Veh I	Make_To	ОУОТ	'A		Ve	eh Confi	g. 20	
Operator	Last	_	Endorsment		BLEND		PAUL				T	Middle		_
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City		S1	ateZip		RANDOLPH					S	tate_M	A Zip	02368	_
Insurance Com	pany_VERMON	T MUTUAL		Vehicle	e Action Prior to	Crash	11 2	1	Dan	naged A	rea Co	de: (Cir	cle Up to Thr	ee)
Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event	Sequence 2 2	22 2	22	22	0_		3	4		
Citation # (If I	ssued)			Most I	Harmful Event	2 23			04	_ \	9	5	10 Undercarr 11 Totaled	iage
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Violation	3: ChSec	Violation	n 4: ChSec	Under	ride/Override	25	Towe	d <u>Y</u>	8		7	6		
Please 1	fill out for opera	ator and all occu	pants involved		Age/DOB	Sex Pos	26 27 at Safety	28 Airbag Status	29 Airbag Switch	30 Eject Tr Code Co	31 3 ap Inju ode \$tat	32 33 Transp tus Code). Medical Facili	ity
Operator	st Wildle)		See Above		AgGIDOB			Status	owitch	couc co	ouc stat	us Code	Wicdical Facili	ity [
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Please Select C of the Followi		4 <u>4</u> # Occupar	ts Non-Motorist A	Type	Action	Locati	on	16 C	onditio	n	17	Hit/R	un Mop	ed
License#		St M	A DOB/Age	Reg#	3SFL71			Reg	д Туре	PAN		Reg Sta	nte MA	
Sex_M Lic.	Class D 18 18	8 Lic. Restrictio	19	Veh Ye	ear_2017	Veh N	Make_BI	мw				eh Confi	20	
Operator ME	НТА	DIVYESH	Endorsment	Owner	(Same as oper	ator)		Firs				Middle		
Address 21 AI	LBEMARLE RD	(apt. FRNT)	Middle	Addres	Last				t			Middle		
City_NEWTO	N	S1	ate MA Zip 02460	City_						S	tate	Zip)	
Insurance Com	npany PROGRES	SIVE DIRECT		Vehicle	e Action Prior to	Crash	11 2	1	Dan	naged A	rea Co	de: (Cir	cle Up to Thre	ee)
Vehicle Travel	Direction: N	Event	Sequence 2 2	22 22	22	22	2		3	4				
Citation # (If I	ssued)			Most I	Harmful Event	2 23				_ \	9		10 Undercarr 11 Totaled	iage
Violatio	n 1: ChSe	Driver	24 24 5 11 Totaled											
Violatio	n 3: ChSe	ec Violatio	on 4: ChSec	25 8 7 6										
		operator and al	l occupants involved		4 /DOD	Sex Be	6 27 Safety	28 Airbag	29 Airbag	30 Eject Tr	31 3 ap Inju	ry Transp	o.	lier
Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex Po	s. System	Statu:	Switch 4	0 0	Code Sta		Medical Faci	iity
MEHTA, DEV	ANSHU	I	5 EDINBORO ST EWTON, MA 02460			M 3	99	4	4	0 0	10	1		
MEHTA, MAY	/A	14	5 EDINBORO ST			F 4	1	1	4	0	10	1		
WIEFIIA, WIA	1.71		EWTON, MA 02460 5 EDINBORO ST				4	4		0 0				
MEHTA, ANA	MIKA	I	EWTON, MA 02460			F 6	4	4	4	0 0	10	1		



Crash Narrative:

(Continued on next page)

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

Witnesses:

Name (Last, First, Middle)

Address

6 MERTON ST
NEWTON,MA 02458

Phone # Statement

Y

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 330 HOMER ST NEWTON, CITY, OF NEWTON, MASSACHUSETTS 0: 97 CITY BURM

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT#:	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			20	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng	gth 39	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

GITA K SETIABUDI		25111	NEWTON POLICE DEPARTM		03/20/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	▶ Direction	1 =	Vehicle 1	2 = Vehicle 2		Pedestr	an			
Crash Diagram:	ie: →[1	→	2	→	Ŷ				
	_ _							1	<u>Did Not</u> (blic Way:	Occur
	_			_	<u> </u>			□ Off-S	Street Parking	g Lot
								☐ Gara	ge	
					Ī			☐ Mall	Shopping Co	enter
		_		_	+-	+			r Private Way	
				_	+-				North by A	
		_			<u> </u>					
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					+-	+				
Crash Narrative:										
its front passenger's side	bumper. The	own	er of th	nis vehicle	was p	rovided	with th	e necessary	y informa	tion
pertaining to this accident	÷.									
MV#3 was parked in between	MV#2 and MV	#4 a	nd was u	noccupied. M	V#3 w	as struc	c by MV	#1 which pu	ushed MV#	3 into
MV#4. MV#3 sustained heavy	front end d	amag	es (Broke	en driver's	side	axle).				
The operator of MV#4 was in	nside his ve	hicl	e along w	with 3 other	pass	engers w	nen the	y were stru	ick by MV	#3. MV#4
sustained heavy damages to	its driver'	s si	de rear o	door. There	were	no repor	ted inj	uries to th	ne operato	or of
MV#4 or its 3 passengers.										
The witness stated he was i	nside his v	ehic	le a few	parking spo	ts ov	rer from	4V#4 an	d observed	MV#1 dri	ve over
the burm striking MV#2 ther	striking M	V#3	and push	ning MV#3 in	to MV	7#4.				
(Continued or	next page)									
Witnesses:										
Name (Last, First, Middle)		- 1	Address					Phone #		Statement
Property Damage:		,								
Owner (Last, First, Middle)	Address			Phone #		34-Type	Description	on of Damaged	Property	
Truck and Bus Information:	Registration #			(Fro	om Vehi	icle Section)				25
Carrier Name								Carrier Issuing	Authority Cod	e 35
Address				City				St	Zip	
US DOT #:	State Number			Issuing Sta	e	ICC #:		I	nterstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	3	38							
Trailer Reg #:	Reg Type		Reg State	Reg `	Year	Tra	iler Lengtl	1 39		
Hazmat Information:	A1									42
Placard Material 1 digit #	Materia	al Nam	ie			Material 4 o	ligit #	Re	lease code	42

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

•	Direction 1	■ Vehicle 1 2	2_≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚 1	→ 2	→	Ŷ			
Crash Diagram: Crash Narrative: MV#3 sustained the heavier photographs of the damage	est damage and w	as inoperable	a. MV#3 was tow			Grash Did Not Con a Public Way: Gorn a Public Way: Grasge Mall/Shopping Ce Other Private Way dicate North by A	g Lot enter / rrow
Witnesses:		Address			Dlass	- "	Ctataman
Name (Last, First, Middle)		Address			Phor	ie #	Statement
David David							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	magad Draparty	
Owner (Last, First, Middle)	Address		Priorie #	34-1ype	Description of Dai	naged Property	
Truck and Bus Information:							
			(From Vehi	· ·			35
Carrier Name					Carrier	Issuing Authority Code	e
Address			City		St	Zip	
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
		P.og. State	Dag Vans	Tre	ailar Langth	39	
Trailer Reg #:Hazmat Information:	Reg Type	reg state	Keg rear	172	anci religili		
40	41						42
Placard Material 1 digi	t # Material N	Vame		Material 4 d	digit #	Release code	
GITA K SETIABUDI		25111	l newto	N POLICE DEPARTN		03/20/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)